

Sport: _____

Holly Springs High School
Athletic Training / Sports Medicine Department
Student-Athlete Traveling Information Form

Athlete Information: (Please Print)

School Year: _____

Name: _____ Class of: _____
(Last) (First) (Middle)

Gender: M F Date of Birth: ____/____/____ Race: _____ Age: _____

Parent / Guardian Information:

Father's Name _____ Father's Cell # (____) _____

Mother's Name _____ Mother's Cell # (____) _____

Street Address _____ County: _____

City _____ State _____ Zip Code _____ Home Phone: (____) _____

Alternate Emergency Contact Person: _____ Daytime Phone:(____) _____

Athlete Medical Information:

1. Are you allergic to any type of medication? Y / N List: _____
2. List any other allergies: _____
3. Do you take medications regularly? Y / N List: _____
4. Do you take medicine for emergency use? Y / N List: _____
5. During athletic participation, do you wear: glasses? Y / N contacts? Y / N dental appliance? Y / N
6. Do you have asthma? Y / N If so, do you use an inhaler? Y / N What kind? _____
Directions for use: _____
7. Do you have any other medical conditions? Y / N List: _____
8. Have you had a serious medical condition or injury within the last year? Y / N Explain: _____

Preferred Hospital: _____

Insurance Information

Insurance Company Name: _____ Policy # _____
(or Group Number)

Medical Authorization – As the parents or legal guardian of this student athlete I grant permission for treatment deemed necessary for a condition arising during or affecting participation in sports, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. Also, permission is granted to release medical information to the school and athletic trainer.

Risk of Injury – We acknowledge and understand that there is a risk of injury in athletic participation. We understand that the student-athlete will be under the supervision and direction of a WCPSS athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor the WCPSS can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.

Student (Signature): _____ Date: _____

Parent/Guardian (Print): _____ (Signature): _____ Date: _____