

Athlete Information Sheet for Athletic Trainer:
(Please fill out complete sheet)

NAME: _____ GRADE: _____ D.O.B: _____

ADDRESS: _____

MEDICAL CONCERNS/ALLERGIES: _____

INSURANCE COMPANY: _____

PREFERRED HOSPITAL: _____

FAMILY DOCTOR: _____

FAMILY DOCTOR ADDRESS: _____

FAMILY DOCTOR PHONE #: _____

EMERGENCY CONTACT #1: _____ RELATIONSHIP: _____

PHONE #: _____

EMERGENCY CONTACT #2: _____ RELATIONSHIP: _____

PHONE #: _____

PLEASE LIST ALL SPORTS THE ATHLETE WILL BE PARTICIPATING IN:

FALL: _____

WINTER: _____

SPRING: _____

Any other information you would like to discuss with the Athletic Trainer:
