

Coach Medical Form

lexscibowl 2016

This form will be held confidentially by the LexSciBowl adult supervisors, will only be used in the unlikely event of a medical emergency, and will be securely destroyed after the competition.

Please print neatly!

Basic Information

School & Team: _____

Full Name: _____

Birth Date (MM/DD/YY): ____ / ____ / ____ Sex: M / F

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: (____) - ____ - _____

Emergency Contacts

	Primary Contact	Contact #2
Name		
Phone		
Cell Phone		
Relationship		

Medical History & Considerations

Allergies (Medication/Food/Environmental/otherwise)? Yes / No

If Yes, specify: _____

Date of Last Tetanus Shot: _____

Medical History/Surgeries (especially recent ones):

Current Prescribed/Over-the-counter Medications:

Medication	Dosage	Purpose/Used for

Dietary Restrictions (vegetarian, kosher, etc.):

Religious or Cultural concerns that may affect care: (e.g. No Blood Transfusions)

Healthcare and Insurance Info

Physician's Name: _____

Phone Number: _____

Do you have Health Insurance? Yes / No

If Yes, complete the following:

Insurance Company: _____

Policy Number: _____ Phone Number: _____

Consent to Medical Care and Treatment

I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) to me by a licensed physician, nurse or hospital in the event I am not able to consult with the attending physician(s), and the attending physician(s) deem it advisable to proceed with such treatment(s).

Coach Name: _____

Signature of Coach: _____ Date: _____