

WILSON HIGH SCHOOL

**Emergency Medical Information and
Year Long Sport Selection Card**

Please circle the sport(s) in which your child wishes to participate:

FALL: Boys Cross Country Girls Cross Country Football Girls Soccer Girls Swimming Boys Tennis Volleyball

WINTER: Boys Basketball Girls Basketball Boys Swimming Wrestling Girls Bowling

SPRING: Baseball Softball Boys Golf Girls Golf Girls Tennis Girls Track Boys Track Girls Water Polo Boys Soccer

Student's name _____ Grade _____ Home phone _____

Parent/Guardian's name(s) _____

Address _____

Father's work phone _____ Mother's work phone _____

Emergency Contact: _____ Phone _____

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Information continued on reverse side

MEDICAL INFORMATION

Athlete's Physician _____ Phone _____

Insurance Company Name _____

Policy Number _____

Medical/Other Allergies _____

Chronic Illnesses _____

Current Medications _____

Blood Type _____

CONSENT TO MEDICAL CARE AND TREATMENT

I, _____
(Parent or legal guardian) authorize all medical, surgical, diagnostic and

hospital procedures as may be performed or prescribed by a treating physician for

(Athlete's name)

if I cannot be reached in case of an emergency.

(Signature of parent or guardian)

(Date)