



GUTHRIE PUBLIC SCHOOLS
Athletics Medical Information Form

School Year _____

Student's Name _____

Parents' Name(s) _____

Address _____

Home Phone _____

Work Number _____

Cell Number _____

Work Number _____

Cell Number _____

Emergency Contact _____

Activity/Activities _____

The policy of the Guthrie School System requires that all athletes be covered by health and accident insurance in order to participate in competitive athletics. If you have health and accident insurance, please give us that information. For those who do not have insurance, a special policy is available with several options.

_____ I have hospitalization & medical insurance.

Insurance Co. _____

Policy # _____

Policy Holder _____

_____ I want the school insurance. See the Athletic Director for information.

_____ I do not want the school insurance, and I will provide medical coverage for my son/daughter.

My child is presently taking the following medication: *(please do not leave blank – write no or none if applicable)*

My child has no particular reaction to food, medication, or environment unless explained as follows: *(please do not leave blank – write no or none if applicable)*

Parent / Legal Guardian Signature

Date

Student Signature

Date