ORTHOPAEDIC CENTER OF THE ROCKIES

2500 E. Prospect Rd • Fort Collins, CO 80525 • Phone: 970.493.0112 • 800.722.7441 • Fax: 970.493.0521
2923 Ginnala Dr • Loveland, CO 80538 • Phone: 970.663.3975 • 888.663.3975 • Fax: 970.663.2235
1455 Main St. Ste 150 • Windsor, CO 80550 • Phone: 970.686.8769 • Fax: 970.686.8770

MEDICAL INFORMATION CARD

HIGH SCHOOL
STUDENT-ATHLETE MEDICAL INFORMATION

General Information (Please Print)

Student Name:_____ **Sport:**_____
Age:_____ Grade:_____ Birth Date:_____ SS#_____
Parent/Guardian(s) Name: _____
Address:_____
Phone: day:_____ night: _____ cell: _____
Other authorized persons to contact in emergency:
Name:_____ Phone: _____
Name: _____ Phone: _____
Hospital Preference: _____ Insurance Co. _____
Policy #: _____ Group #: _____ Phone #: _____

Medical Information

Medical Illnesses: _____
Last tetanus booster shot (mo/yr): _____ Allergies: _____
Medications: _____
(any medications possible needed to be taken during competition require a physician's note)
Previous head/neck or back injury: _____
Previous heat-related problems: _____
Other information necessary to inform medical staff: _____

Consent for Athletic Conditioning, Training and Health Care Procedures

I hereby give consent for my child to participate in the school's athletic conditioning and training program and to receive any necessary treatment, including first aid, diagnostic procedures and medical treatment, tat may be provided by treating physicians, nurses and other healthcare providers including OCR Athletic Trainers and OCR physicians. OCR has my permission to release athletic injury information about my child to the school. In the event I cannot be reached in an emergency, I hereby give permission for my child to be transported to receive necessary treatment. I understand that OCR does research in the prevention of the athletic injuries and use generalized information that does not personally identify the individual student. OCR may use this generalized information that does not identify my child in such research.

Parent of Guardian Signature _____ **Date:** _____

This card is valid from August 1, 20___ - July 31, 20___.

Note: If any changes in the above information occur, a new card must be completed by the parent of guardian as soon as possible.