

Herriman High School Medical Card

Sport _____ Jersey # _____
Name _____ ID _____
Address _____ City _____
Zip _____ Home Phone _____ Other Phone _____
Age _____ Date of Birth _____

Parents:

Father _____ Phone _____
Mother _____ Phone _____

Insurance:

Insurance Company _____
ID# _____ Policy # _____
Allergies (incl. medication) _____

Contacts Lenses? Yes _____ No _____ (Soft _____ Hard _____)

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In Case of Serious Injury Please Contact:

Name: _____ Phone _____

Name: _____ Phone _____

I hereby consent to treatment deemed necessary by the health care providers designated by school authorities for any illness or injury resulting from his/her athletic participation. I recognize the risk of possible injury is inherent in all sports participation. I further realize that potential injuries may be severe in nature including such conditions as: fractures, brain injuries, paralysis or even death. I agree that if my student's health changes, and would alter this evaluation, I will notify the school within 10 days.

Parent/Guardian Signature: _____

Date: _____

For School Use Only:

Physical Date: _____ comments:

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Name: _____ Phone _____

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