

FEDERAL WAY PUBLIC SCHOOLS
MEDICAL EMERGENCY AUTHORIZATION FORM (TRAVEL CARD)

To be completed by parent or guardian and returned to the athletic trainer or athletic director.

Name of Student Athlete: _____ M _____ F _____ Student ID# _____
Address _____ DOB _____ Grade _____

As parent or legal guardian, I authorize the team physician or, in his/her absence, a qualified physician to examine the above-named student; and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he/she deems necessary to insure proper care of any injury. Transportation will be arranged if deemed necessary by school or emergency personnel. Every effort will be made to contact the parent or guardian to explain the nature of the problem prior to any involved treatment or transportation.

Name: _____ (Parent or guardian)	Date: _____
Parent/Guardian signature: _____	
Home Phone: () _____ () _____	Business Phone: () _____ () _____

Secondary Emergency Contact Person:	
Name: _____	Phone: () _____

Family Physician's Name: _____	Phone: () _____
Hospital Preference: _____	
Insurance company: _____	Policy number: _____

FORM #427 04/03

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Medical History

Yes No

1. ___ ___ Are you allergic to any medication? Which? _____
2. ___ ___ Do you take any medication regularly? Which? _____
3. ___ ___ Do you have any chronic or recurrent illnesses Which? _____
4. ___ ___ Have you ever been hospitalized? When? _____ Reason? _____
5. ___ ___ Have you ever required an operation? When? _____ Reason? _____
6. ___ ___ Have you ever had a concussion? When? _____ Reason? _____
7. ___ ___ Have you had a tetanus shot within the last 5 years? Date of last shot: _____
8. ___ ___ Do you wear glasses or contact lenses? (circle)
9. ___ ___ Do you wear any dental appliance such as a bridge, plate or braces? (circle)
10. ___ ___ Have you ever had asthma or breathing difficulties? Medication? _____
11. ___ ___ Do you have any organs missing other than tonsils or appendix (eye, kidney, testicle, etc.)? _____
12. ___ ___ Are you allergic to bee stings or other insect bites? What procedure should the school staff follow if this should occur?

13. ___ ___ Are you currently taking ANY medications? (Including vitamins, aspirin, etc.) What? _____

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