

SPORTS INFORMATION SHEET

FORMERLY KNOW AS: BLUE CARD

Student Name:			Grade:	
Please Print (Last)	(First)	(Middle)		
Parent/Guardian's Name:_				
Address:				
Home Telephone Number	·	Work:	Cell:	
n Case of an Emergency:				
Contact Name	Telephone 1		Relationship	
•	Telephone Number:			
	i Pen or Inhaler?			
give permission for the son/daughter,			D., and/or Nurse to treat my	
Parent Signature		Date		
HEALTH OFFICE CLE Student Name:			CHOLASTIC ATHLETICS Grade:	
Please Print (Last)	(First)	(Middle)		
School:	Date of Birth:	Grac	le: Sex:	
Sport(s):				
FALL	WINTER		SPRING	
Nurse's Signature		Date		

COACHES: This form is proof that the student named on it has fulfilled all physical and consensual obligations to participate in the specified sport. Please keep this form in a readily accessible location during practices and contests since it contains all medical and personal information you will need in case of an emergency.

NO STUDENT MAY PARTICIPATE IN PRACTICES (INCLUDING TRYOUTS), SCRIMMAGES, OR CONTESTS UNLESS THIS FORM HAS BEEN RECEIVED BY YOU AND SIGNED BY THE SCHOOL NURSE.