

RED LICK ISD GENERAL INFORMATION FORM

Athlete Name _____

Athlete Birth Date _____ **Social Security#** _____

Athlete Address: _____
Street _____ **City** _____ **Zip** _____

Fathers Phone# _____
Home _____ **Work** _____ **Cell** _____

Fathers Email _____ **Mothers email** _____

Mothers Phone# _____
Home _____ **Work** _____ **Cell** _____

Adult not living at student's address to be contacted in an emergency.

Name _____

Phone# _____

Relationship _____

Hospital Preference: **St Michael** _____ **Wadley** _____

Is this student now under a doctor's care? **Yes**___ **No**___

Does this student take any medication regularly? **Yes**___ **No**___

Does this student use an inhaler for asthma? **Yes**___ **No**___

Does this student wear contact lenses? **Yes**___ **No**___

Does this student have any health problems that the Red Lick Athletic Department should be aware of? **Yes**___ **No**___

If any of these are yes, please explain.

_____ **No, my child does not have health insurance coverage**

_____ **Yes, my child does have health insurance coverage**

Insurance Company _____

Policy # _____ **Group #** _____