



Jumper Medical Card

INSTRUCTIONS: Please fill out entire card. This card will be on file for each jumper. It will accompany the athlete to the doctor or hospital when medical attention is required.

Jumper Name _____ Cell Number (____) _____

Age _____ Date of Birth ____ / ____ / ____

Parent Name _____ Contact Number (____) _____

Parent Name _____ Contact Number (____) _____

Alternate Emergency Contact Person _____

Relationship _____ Contact Number (____) _____

Home Address _____

_____ Home Phone (____) _____

Health Insurance Company _____ Policy No. _____

Family Physician _____ Contact Number (____) _____

Tetanus Shot ____ / ____ / ____

Medical Problems/Issues to make Dr. Aware of: _____

Medical Allergies _____

Special Instructions: _____

I give my consent to have proper medical attention rendered to my child in case of emergency and will not hold the Greenbelt City Stars, the City of Greenbelt or any person connected with the field trip liable in case of accident.

Parent Signature _____ Date _____