

**PERSONAL & MEDICAL INFORMATION FORM**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First MI

Birth date \_\_\_\_\_ Age \_\_\_\_\_ School Phone ( ) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Last First MI

Contact in Emergency \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Last First MI

**MEDICAL INFORMATION:**

1. Date of last tetanus shot? \_\_\_\_\_ 2. Glasses? Y / N    Contacts? Y / N
  3. Do you have any Allergies? Y / N    To what? \_\_\_\_\_
  4. Are you taking medication on a regular basis? Y / N List \_\_\_\_\_
- Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
 Insurance Co. Phone #(\_\_\_\_\_) \_\_\_\_\_

**Circle One:**

List **(HMO)** Primary Care Physician    **OR**    **(PPO)** Medical Group    **OR**    Other

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Name _____	Address _____	City/State _____	Zip _____
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Physician or Group Phone Number (\_\_\_\_\_) \_\_\_\_\_

**MEDICAL CONSENT AND ASSUMPTION OF RISK**

I/we hereby grant permission to SONOMA STATE UNIVERSITY (SSU), its physicians and/or athletic trainers to render aid, treatment, medical or surgical care deemed reasonably necessary for my health and wellbeing.

I/we fully authorize the athletic trainers at the above-named institution, or institution where a visiting event or match is taking place, to render any first aid, preventative and rehabilitative or emergency treatment, deemed reasonably necessary to protect my health and wellbeing.

I/we additionally grant, when necessary for protecting the health and well being , permission for hospitalization, treatment or surgery at a competent and or accredited facility.

I/we realize that there are inherent risks in my sports participation. These risks include a full range of injury from minor to severe to catastrophic and I/we recognize that death, paralysis, or other serious permanent disability can result from my participation in this sports program. I further realize that the protective equipment, safety rules, coaching instruction, or the medical care I receive will not all guarantee my safety or prevent all injuries I might sustain. Therefore, I/we release SSU, its athletic trainers, coaches, and employees from liability for any and all damages or injuries sustained as a result of my sports participation.

The undersigned here with also understands that for any injury or illness requiring medical attention resulting in a missed practice or game, permission by the doctor or athletic trainer must be given in order to resume practice or play in games.

The medical information given is complete with my/our permission receiving stated medical care. I also assume the stated medical risks of injury related to my sport participation at SSU.

STUDENT-ATHLETES MUST SIGN BELOW. IF YOU ARE UNDER THE AGE OF 18 A PARENT OR GUARDIAN MUST ALSO SIGN BELOW

SIGN	DATE	SIGN	DATE
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____