



---

# Central Catholic High School

Wheeling, WV • *est. 1865*

---

## MEDICAL INFORMATION SHEET

My son/daughter \_\_\_\_\_ has my permission to participate in the athletic program at Central Catholic High School.

Please list the sport(s) your child is interested in participating for the \_\_\_\_\_ academic year.

Sport(s): \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Telephone number where I may be reached: \_\_\_\_\_

Alternate emergency contact: \_\_\_\_\_

Alternate emergency contact number: \_\_\_\_\_

My hospital preference: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Physician: \_\_\_\_\_

Dentist: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Physical restrictions: \_\_\_\_\_

Impact Test Completed? Yes No When: \_\_\_\_\_ Where: \_\_\_\_\_