



Poudre School District  
 2407 LaPorte Ave  
 Fort Collins, CO 80521  
 970-482-7420

**2019-2020  
 Student Athlete Medical Information**

**Student Information**

**Parents are specifically reminded that all medications require a completed PSD authorization form which must be on file in the school office.**

\_\_\_\_\_  
 Student's Name (Last, First, M.I.) PSD Student ID#  
 (Leave blank if not a current PSD student)

\_\_\_\_\_  
 Student's Date of Birth Age Male Female

Parent(s)/Legal Guardian(s): \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Other Emergency Contact(s): \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

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

Please list any health and/or medical conditions, including any allergies:

Please list any disabilities and required accommodations and/or restrictions:

Please list all medications the student athlete takes:

Date of Student Athlete's last tetanus booster shot (month/year): \_\_\_\_\_

\_\_\_\_\_  
 Parent/Legal Guardian Signature Date

\_\_\_\_\_  
 Parent/Legal Guardian Signature Date