



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

**2020-2021
 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

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