



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

2025-2026 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.

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

_____ Age _____ Male _____ Female
Student's Date of Birth

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 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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