



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.

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 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