# General Student & Parent Contact Information

Date_____

**Full Legal Name**_____ Sport(s)_____

SS#_____ Date of Birth_____

Check Classification: Sophomore ☐ Junior ☐ Senior ☐

| Previous Sport(s) Participation @ LC Only | Number of Years Participated |
|---|---|
| | |
| | |

Ever used a medical hardship or NCAA redshirt? Yes ☐ No ☐
If Yes, List name of the institution and year that it was applied for?

_____

Cell Phone Number _____

E-mail: _____

Parent/Guardian's Name Mother_____

Father_____

Home Address _____

_____

City_____ State_____ Zip Code_____

Parent's Cell Phone Number Mother_____

Father_____

Parent's E-mail Address Mother_____

Father_____

Emergency Contact (if different from parents) _____

Relationship_____ Phone_____

Current Medications (attach list if needed) _____ Dosage_____

ALLERGIES (List **ALL** that apply including **Allergies to Medications**)

_____

_____

# LC Athletic Training
# Returning Medical History

Full Legal Name_____Sport(s)_____

Cell phone Number_____

Has your insurance coverage changed since last year? _____
**Complete the next page and affix back and front copy of your insurance card**.

**Note: Since your last physical examination, or last season of play.**

**Please explain "yes" answers below.**

| | | Yes | No |
|---|---|---|---|
| 1. | Have you had any significant medical illnesses? | | |
| 2. | Have you been taking medications? | | |
| 2. | Have you been taking dietary supplements? | | |
| 3. | Have you had any surgery or been hospitalized? | | |
| 4. | Have you had any significant injuries? | | |

5. In the past 5 years, how many concussions have you had? _____

_____

_____

_____

Please explain any problems which were not covered above.

_____

_____

_____

Student-Athlete Signature_____ Date_____

# Medical Insurance Information

Refer to your insurance card for this information. If you do not currently have medical insurance, Circle "None" and follow instructions at the bottom of the page. In the event of any change or lapse in primary insurance coverage, it is the student-athletes responsibility to notify the Athletic Training Staff immediately. Not doing so, may result in student-athlete/parents' incurring out-of-pocket expenses.

Student-Athlete's Name _____ Social Security Number _____

Date of Birth_____ Sport(s)_____

Insurance Plan Type (Circle One): HMO PPO None Other:_____

Insurance Company_____ Policy/ID Number_____

Claims Address_____ Customer Service Number_____

Policy Holder_____ Relation:_____ Policy Holder's SS#_____

Employer_____ Employer Address_____

Please copy the front and back of your insurance card and affix it below.

| Front | Back |
|---|---|
| | |

**To the parents of student athletes with no primary medical insurance:**

You must complete the information below and have this sheet signed by a notary public to confirm that your son/daughter does not have any primary insurance coverage. (Not having primary insurance may not disqualify a student-athlete from participating, but not completing this form will)

Parent's Full Name_____ Date of Birth_____

Employer_____ Employer's Phone Number_____

Employer's Address_____ City_____ State_____

Does parent/guardian have primary insurance coverage? Yes___ No___

Parent/Guardian Signature_____ Date_____

_____ _____

Notary Date