Raptors, Inc.

Medical Information Form

Runner's name	first	last	
Date of birth	Home Phone		
Mother's name		Cell phone	
Work phone		Email	
Father's name		Cell phone	
Work Phone		Email	
Emergency Contact (i	in case father/mother cannot	be reached):	
Name:		Home	Cell
MEDICAL INFORM	ATION		
Family Physician/HMC)	Phone	
	eal Conditions (list):		
Medications (list):			
necessary medical co	onsent to any and all health are as a result of injury/illn om health care providers.	_	•
Parent Signature		Date	
Parent Signature		Date	

NOTE: This release is to be carried by head/assistant coach to all practices and meets.