

MAINE SCHOOL ADMINISTRATIVE DISTRICT #54

Athlete Information Record

Student Name: _____ Grade: _____

Student Physical Address: _____

Mailing Address: _____

Primary Insurance Company: _____

Policy Number: _____

Secondary Insurance Company: _____

Policy Number: _____

Family Doctor: _____ Doctor's Telephone: _____

In case of injury, who can be notified if we cannot get in touch with you?

NEED NAME, RELATIONSHIP TO STUDENT, AND NUMBER

1. Name: _____ Relationship to Student: _____

Phone Number: _____

2. Name: _____ Relationship to Student: _____

Phone Number: _____

3. Name: _____ Relationship to Student: _____

Phone Number: _____

****It is your responsibility, as a parent/guardian, to inform the school's office staff, in writing, if any personal information regarding your child has changed.**