



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

**2022-2023**  
**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 any disabilities and required accommodations and/or restrictions:

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