

Mesquite ISD Athletic Information

Name: _____ Birthdate: _____ Grade: _____

Home Address: _____

City/State/ Zip: _____ Home Telephone: _____

Father's Name: _____ Mother's Name: _____

Father's Work Number: _____ Mother's Work Number: _____

Father's Cell Number: _____ Mother's Cell Number: _____

Emergency Contact: _____ Emergency Contact Home Telephone: _____

Emergency Contact Cell Number: _____ Emergency Contact Work Number: _____

Medical History: *(check the following that apply)*

Asthma: _____

Diabetes: _____

Epilepsy: _____

High blood pressure: _____

Low Blood Pressure: _____

Other Illnesses: _____

Allergies: _____

Current Medications/Inhaler: _____