



2022-2023 MARTIN LUTHER SCHOOL ATHLETIC EMERGENCY INFORMATION

STUDENT NAME (PRINT): _____

DATE OF BIRTH: ___/___/___ AGE: _____ GRADE: _____

PARENT/GUARDIAN NAME (PRINT): _____

ADDRESS: _____

CITY: _____ STATE _____ ZIPCODE: _____

FATHER'S NUMBER: _____ MOTHER'S NUMBER: _____

GUARDIAN'S NUMBER: _____

IN AN EMERGENCY, IF PARENT/GUARDIAN CANNOT BE CONTACTED NOTIFY:
NAME(PRINT): _____ PHONE NUMBER: _____

KNOWN ALLERGIES: _____

A TEAM PHYSICIAN, TRAINER, OR COACH MAY APPLY FIRST AID TREATMENT UNTIL THE HEALTH CARE PROVIDER CAN BE CONTACTED ___ YES ___ NO

I GIVE CONSENT FOR COACHES, TRAINERS, OR A TEAM PHYSICIAN TO USE THEIR OWN JUDGEMENT IN SECURING MEDICAL AID AND AMBULANCE SERVICE IN CASE THE PARENT/GUARDIAN CANNOT BE REACHED.
___ YES ___ NO

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



2022-2023 MARTIN LUTHER SCHOOL ATHLETIC EMERGENCY INFORMATION CONTINUED

HEALTH CARE PROVIDER: _____ PHONE NUMBER: _____

HEALTH HISTORY

KIDNEY INJURIES ___ YES ___ NO
HEART CONDITION/DISEASE ___ YES ___ NO
DIABETES ___ YES ___ NO
ASTHMA ___ YES ___ NO
COVID ___ YES ___ NO IF YES WHEN: _____

ANY OTHER INJURY/AILMENT: _____

WHILE COMPETING DO YOU WEAR GLASSES ___ YES ___ NO
CONTACTS ___ YES ___ NO

DATE OF LAST TETANUS SHOT: _____

ALLERGY TO ANY MEDICATION: _____

CURRENT MEDICATIONS: _____

HEALTH INSURANCE PLAN: _____

HEALTH INSURANCE ID #: _____

GROUP: _____



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