



2023-2024 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: _____



2023-2024 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: _____
CONCUSSION ___ 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: _____