2024-2025 MARTIN LUTHER SCHOOL ATHLETIC EMERGENCY INFORMATION

*STUDENT NAME (PRINT):*_____

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

*STUDENT CELL NUMBER:*_____

*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:*_____

2024-2025 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*	
CONCUSSION	_____*YES*_____*NO*	*IF YES WHEN:*_____
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: _____