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| ***C:\Users\aboyle\APPDATA\LOCAL\TEMP\wzfe49\MLS Letter Head (1).png***  ***2025-2026 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | ***C:\Users\aboyle\APPDATA\LOCAL\TEMP\wzfe49\MLS Letter Head (1).png***  ***2025-2026 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***6.25*** |