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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*** |