MLS
MARTIN LUTHER SCHOOL, MASPETH, NY

## 2026-2027 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:_____

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## 2026-2027 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: _____