Martin Luther School Athletic
Emergency Information Year _____

Please Print Name _____

Birth Date _____ Age _____ Grade _____

Parent/Guardian Name _____

Address _____ Phone _____

Father's ___ Mother's ___ Phone During Day _____

In an emergency, if parents cannot be contacted, notify:

_____ Phone _____

Family Doctor _____ Phone _____

Known Allergies _____

The team physician, trainer and coach may apply first aid treatment until the family doctor can be contacted. Yes ❑ No ❑

We give our consent for coaches, trainers and team physician to use their own judgement in securing medical aid and ambulance service in case the parents cannot be reached.

Yes ❑ No ❑

Parent's Signature _____ Date _____

Family Doctor _____ Phone _____

HEALTH HISTORY

	Yes	No
Kidney Injuries	❑	❑
Heart Condition/Disease	❑	❑
Diabetes	❑	❑
Asthma	❑	❑
While competing, do you wear:		
glasses	❑	❑
contacts	❑	❑

Date of last Tetnus Shot _____

Allergy to any medication: _____

Current Medications: _____

Health Insurance Plan: _____

Health Insurance ID #: _____ Group: _____

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