Sierra Lutheran High School

STUDENT ATHLETE EMERGENCY INFORMATION

Student Name:_____Grade:_____
First Middle Last

Sports (list all):_____

Street Address:_____Date of Birth:_____

City, State, Zip:_____Home Phone:_____

Mother:_____Work Ph:_____Cell Ph:_____

Father:_____Work Ph:_____Cell Ph:_____

In case of emergency the coach should first contact (circle): either parent/mother only/father only

Next should be:

Name:_____Relationship:_____Phone:_____

Name:_____Relationship:_____Phone:_____

Physician's Name:_____Phone:_____

Preferred Hospital:_____Allergies:_____

Insurance Company:_____Policy Number:_____

Special notations regarding medical history:_____

ATHLETIC CONSENT

I hereby give my consent for:_____ to compete in sports. I give my consent for him/her to go with school-authorized drivers on athletic trips. I understand my son/daughter must comply with the eligibility requirements. I have read, understood and agree to the provisions of the Sierra Lutheran High School Student Handbook and athletic code.

I also give my consent for emergency medical treatment of my child for illness or accident if I cannot first be contacted.

_____ _____
DATE SIGNATURE OF PARENT OR GUARDIAN

I hereby certify that the above information on this form has not changed and SLHS should use the same contact information until I inform otherwise, and it will remain valid for the entire period the above named student is enrolled at Sierra Lutheran High School.