

WTHS ATHLETIC EMERGENCY FORM

Sport \_\_\_\_\_ HRTeacher \_\_\_\_\_ Grade \_\_\_\_\_

ATHLETES NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ALLERGIES \_\_\_\_\_ MEDICATIONS \_\_\_\_\_ GLASSES? Y/N CONTACT LENSES? Y/N

MEDICAL CONDITIONS \_\_\_\_\_ SSN# \_\_\_\_\_

INSURANCE CO. \_\_\_\_\_ Policy # \_\_\_\_\_

PARENTS/GUARDIANS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

WORK PHONE (Mother) \_\_\_\_\_ WORK PHONE (Father) \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

(If unable to reach parent(s) provide name of adult who will assume care and transportation of child.

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

In case of medical emergency, a member of the Washington Township High School Staff has my permission to take child to, or arrange to have child taken to the nearest hospital for treatment.

DATE \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

This must be signed by parent/guardian even if child is over the age of 18.

**FILL OUT BOTH FORMS**

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