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 unless I inform them otherwise.

_____ _____
2008-09 SCHOOL YEAR **SIGNATURE OF PARENT OR GUARDIAN**

I hereby certify that the information on the other side of this form has not changed and SLHS should use the same contact information unless I inform them otherwise.

_____ _____
2009-10 SCHOOL YEAR **SIGNATURE OF PARENT OR GUARDIAN**

I hereby certify that the information on the other side of this form has not changed and SLHS should use the same contact information unless I inform them otherwise.

_____ _____
2010-11 SCHOOL YEAR **SIGNATURE OF PARENT OR GUARDIAN**