

# Lake Washington School District No. 414

## ATHLETICS EMERGENCY INFORMATION

Student's name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (First) (MI)

Parent/Guardian's name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Father's Phone: \_\_\_\_\_ Mother's Phone: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Two persons you recommend we call in the event you cannot be reached:

Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Physician Preference - Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last Tetanus Booster: \_\_\_\_\_ Allergies: \_\_\_\_\_

MEDICAL AUTHORIZATION: As a parent or legal guardian, I authorize a qualified physician to examine the above named student in the event of an injury to administer emergency care and arrange for any consultation by a specialist, including a surgeon, deemed necessary to ensure proper care of any injury. Every effort will be made to contact the parent or guardian to explain the nature of the problem prior to any involved treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PERMISSION TO SHARE INFO/PHOTOS WITH MEDIA (circle)    LWSD only    Local News    None