

St. Mark's Ev. Lutheran School

706 Jones Street

Watertown, WI 53094

Telephone: (920)-262-8501

Fax: (920)-262-8517

ATHLETIC EMERGENCY FORM

| | | | |
|----------------|--|---------------|--|
| Athlete's Name | | Date of Birth | |
| Parents Name | | | |
| Address | | | |
| Phone Number | | Cell Phone | |

Please list additional contact informaton if needed.

| | | | |
|--------------|--|------------|--|
| Parents Name | | | |
| Address | | | |
| Phone Number | | Cell Phone | |

| | | | | |
|-------------------|------|--|-------|--|
| Insurance Company | | | ID # | |
| Medical Clinic | Name | | Phone | |
| Hospital | Name | | Phone | |
| Dental | Name | | Phone | |

EMERGENCY CONTACT

| | | | |
|--------------|--|--------------|--|
| Name | | Relationship | |
| Address | | | |
| Phone Number | | Cell Phone | |

| | | | |
|--------------|--|--------------|--|
| Name | | Relationship | |
| Address | | | |
| Phone Number | | Cell Phone | |

MEDICAL CONDITIONS

| | |
|-----------|--|
| Allergies | |
|-----------|--|

OTHER INFORMATION

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In the event that either parent or emergency contact person cannot be contacted by telephone, I authorize St. Mark's Ev. Lutheran School to use discretion and seek medical attention/transportation.

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Parent Signature

Date