

Athlete Emergency Form

Student Athlete: _____ Grade: _____

Home Phone: _____ Primary Email: _____

Mother: _____ Cell Phone: _____

Father: _____ Cell Phone: _____

Additional Emergency Contacts:

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

Health Info

Allergies: _____

Doctor: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Health Conditions/Concerns in case of emergency: _____

In an emergency situation parents are immediately contacted.

I give permission that _____, grade _____, can participate in athletics at Peace Lutheran. I have read and agree to the above stated obligations for participation in the Athletics Program at Peace Lutheran and have reviewed the Athletic Handbook. I give consent to treat my child for routine medical issues or minor emergencies. If I cannot be reached in case of an emergency, I authorize Peace Lutheran Staff to obtain the necessary medical treatment deemed necessary for the welfare of my child.

Parent Printed Name: _____ Date: _____

Parent Signature: _____