

Press Firmly

SCHOOL DISTRICT OF LA CROSSE

ATHLETIC EMERGENCY FORM

School	_____
School Year	_____
Grade	_____
Name of Sport:	
Fall	_____
Winter	_____
Spring	_____

Student Name _____ Date of Birth _____

Parent/Guardian _____

Address (Street) _____ (City) _____ (State) _____

Home Phone _____ Work Phone _____ Cell Phone or Pager _____

Family Physician _____ Phone _____

Dentist _____ Phone _____

Health Insurance Co. _____ Insurance Policy No. _____

Person to be contacted in an emergency if parent/guardian cannot be reached:		
Name	Relationship	Phone
_____	_____	_____

HEALTH INFORMATION:

List any allergies this student athlete may have: _____

List any medication this student athlete is currently taking: _____

Does this student athlete currently use an: Inhaler Yes No For: _____
EpiPen Yes No For: _____

List any other student health conditions that the athletic staff should be aware of: _____

Indicate medical facility to be used in case of an emergency:

- Gundersen Lutheran Medical Center
- Franciscan Skemp Healthcare
- Other: _____

Your signature gives us consent to share health information between the Athletic Trainer, Coach, School Nurse, and Athletic Director, if necessary for the safety of the student athlete.

Your signature also gives us consent to:

- ▶ share this information with Emergency Medical Services (EMS/9-1-1) staff
- ▶ to treat in the case of an emergency unless notified differently

This consent expires upon completion of the athletic school year.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____