

## ATHLETIC EMERGENCY LOCATOR FORM

Athlete's Name		Date of Birth	
Parent Name			
Address			
Phone Number		Cell Number	

Does your student live with you? If not, please list additional contact information.

Parent Name			
Address			
Phone Number		Cell Number	

## INSURANCE INFORMATION

Insurance Company		ID#	
Medical Clinic		Phone	
Hospital		Phone	
Dental		Phone	

## EMERGENCY CONTACT

Name		Relationship	
Address			
Phone Number		Cell Phone	

Name		Relationship	
Address			
Phone Number		Cell Phone	

Name		Relationship	
Address			
Phone Number		Cell Phone	

## ALLERGIES OR OTHER MEDICAL CONDITIONS

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**In the event that either parent or emergency contact person cannot be contacted by telephone I authorize the Wisconsin Heights School District to use discretion and seek medical attention/transportation.**

Parent Signature	Date
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