



**MILWAUKEE**  
PUBLIC SCHOOLS

**SPORT:** \_\_\_\_\_

**GRADE:**                      (Circle One)  
                                    9        10        11        12

## **ATHLETIC EMERGENCY INFORMATION**

**PLEASE PRINT – To be filled out by parent/guardian – PLEASE PRINT**

Student Name \_\_\_\_\_ ID# \_\_\_\_\_

Home Phone# \_\_\_\_\_ Parent Work Phone \_\_\_\_\_

Parent/Guardian Names(s) \_\_\_\_\_

Home Address: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**In an emergency, please list two persons you recommend we call if you cannot be reached.**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List any previous injuries (be specific): \_\_\_\_\_

**Continue on Reverse Side**

List any physical disabilities: \_\_\_\_\_

List allergies: \_\_\_\_\_

List any medication the athlete may be taking or will need: \_\_\_\_\_

**Preference of Physician:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Office

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Office

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

We give our consent for coaches, trainers or team physician to use their own judgment in securing medical and ambulance service in case the parent/guardian cannot be reached.

\_\_\_\_\_ YES \_\_\_\_\_ NO

Name of Health Insurance: \_\_\_\_\_

Address: \_\_\_\_\_

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