

**LUCK 7-12 SCHOOL
CO-CURRICULAR
EMERGENCY FORM**

Student Name _____ Home Phone # _____ DOB _____

Physical Address _____ City/Zip _____

Mailing Address _____ City/Zip _____
(If different than above)

FAMILY DATA

Father _____ Cell Phone _____

Mother _____ Cell Phone _____

Please list two **OTHER** emergency contacts and phone numbers in the event the parents are not able to be reached.

1. _____ 2. _____

Medical Conditions/Allergies _____

Medications: (Please include dosages and when taken) _____

(over) →

Medical Clinic _____ Phone _____

Hospital _____ Phone _____

Doctor's Name _____

Dentist _____ Phone _____

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

Medical professionals from various Medical Center's Sports Medicine Team will be providing coverage for some athletic events. The medical information on this form is intended for providing the necessary information for medical personnel to offer care at an athletic event. It also may be used to help communicate and coordinate care and follow-up information with the athlete's personal physician and contacts. The information may also be made available to coaches and school officials only as medically necessary as it relates to an athlete's safety and participation in current and future athletic events.

I, hereby authorize this information to be made available to various Medical Center's Sports Medicine Team for this purpose.

Parent/Guardian Signature: _____ Date _____