



TERRE HAUTE NORTH HIGH SCHOOL
Athletic Emergency Information

Grade: _____

Please Print

Student Name: _____

Birthdate: _____ Age: _____

Address: _____

Home Telephone: _____

Parent/Guardian Name: _____

Home Telephone: _____

Place of Employment: _____

Business Telephone: _____

IN CASE OF EMERGENCY, IF PARENT CAN NOT BE CONTACTED.

Notify: _____

Telephone: _____

Family Physician: _____

Physician Telephone: _____

Known allergies (including allergies to medications): _____

Current Medications: _____

Date of Last Tetanus Shot: _____

Significant Medical Conditions (Diabetes, Asthma, etc.): _____

Insurance Company: _____ Policy Number: _____

I give my consent for the team physician and/or the staff athletic trainers to provide emergency care, follow-up care and rehabilitation of injuries sustained during Terre Haute North High School athletics.

 Parent/Guardian Signature

 Date

