

**Lake Washington School District
ATHLETICS EMERGENCY INFORMATION**

Student's name _____ Date of Birth _____
(Last) (First) (MI)

Parent/Guardian's name _____ Address _____

Home Phone: _____ Father's Contact Phone: _____ Mother's Contact Phone: _____

Name of Insurance Company: _____ Policy Number: _____

Two persons you recommend we call in the event you cannot be reached:

Name & Relationship: _____ Phone: _____

Name & Relationship: _____ Phone: _____

Preference of Hospital: _____

Preference of Physician:

Name: _____ Phone: _____

Date of last Tetanus Booster: _____ Allergies: _____

Parent/Guardian Signature: _____ Date: _____

**Lake Washington School District
HEALTH HISTORY**

Student's name _____ Date of Birth _____
(Last) (First) (MI)

Parent/Guardian's name _____

Home Phone: _____ Father's Contact Phone: _____ Mother's Contact Phone: _____

Surgeries / Hospitalizations _____

Allergies (foods or medications) _____

Current medications _____

HEALTH HISTORY (check all that apply to the student)

Asthma _____ (Do you use an inhaler? Yes _____ No _____)

Concussion _____

Contact lenses _____

Neck or back surgery _____

Hernia _____

Hearing defect _____

Knocked unconscious _____

Epilepsy _____

Heart problems _____

False teeth or bridge _____

Convulsions _____

Dehydration problems _____

abnormal bleeding _____

Sprains / strains / fractures _____

Anything else? _____

Parent/Guardian Signature: _____ Date: _____