

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

**MEDICAL AUTHORIZATION:** As a parent or legal guardian, I authorize a qualified physician to examine the above named student in the event of an injury to administer emergency care and arrange for any consultation by a specialist, including a surgeon, deemed necessary to ensure proper care of any injury. Every effort will be made to contact the parent or guardian to explain the nature of the problem prior to any involved treatment.

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

PERMISSION TO SHARE INFO / PHOTOS WITH MEDIA     LWSD only     Local News     None

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