

PRENTICE HIGH SCHOOL
ATHLETIC EMERGENCY LOCATOR FORM

Athlete's Name _____ Date of Birth _____

Parents Name _____

Address _____

Phone Number _____ Cell Phone _____

Does your student live with you? If not, please list additional information.

Parents Name _____

Address _____

Phone Number _____ Cell Phone _____

Insurance Company _____ ID # _____

Medical Clinic: _____ Phone _____

Hospital: _____ Phone _____

Dental: _____ Phone _____

EMERGENCY CONTACTS

Name _____ Relationship _____

Address _____

Phone Number _____ Cell Phone _____

Name _____ Relationship _____

Address _____

Phone Number _____ Cell Phone _____

Allergies/Medical Conditions: _____

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

Parent Signature _____ Date _____