

**Warren County High School**  
**Athlete Emergency Information**

\_\_\_\_\_  
**Student's Legal Full Name**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Grade**

**Please list any significant health problems (including previous surgeries and hospitalizations) that might be significant to physician evaluation your child in the event of an emergency:**

\_\_\_\_\_  
**Please list any allergies to medications or otherwise:**

\_\_\_\_\_  
**Does student have a prescribed inhaler or epipen?**

\_\_\_\_\_  
**Does student wear contact lenses?**

\_\_\_\_\_  
**Is student presently taking any medications? Please list.**

\_\_\_\_\_  
**Date of last tetanus shot:**

**Emergency authorization:** In the event I can't be contacted in an emergency, I hereby give permission to the physicians selected by the Certified Athletic Trainer, Coaches, Administrators, and staff of Warren County Public Schools to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

\_\_\_\_\_  
**Signature of Parent /Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Father's Name (print)**

\_\_\_\_\_  
**Daytime Phone**

\_\_\_\_\_  
**Evening Phone**

\_\_\_\_\_  
**Cell Phone or Other Number**

\_\_\_\_\_  
**Mother's Name (print)**

\_\_\_\_\_  
**Daytime Phone**

\_\_\_\_\_  
**Evening Phone**

\_\_\_\_\_  
**Cell Phone or Other Number**

\_\_\_\_\_  
**Name of Insurance Company:**

\_\_\_\_\_  
**Name of Policy Holder:**

**Policy Number:** \_\_\_\_\_ **Group Number:** \_\_\_\_\_ **Personal ID Number:** \_\_\_\_\_