

**TERRE HAUTE NORTH VIGO 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 Vigo High School athletics.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date