

**WETHERSFIELD HIGH SCHOOL
STUDENT ATHLETE
EMERGENCY INFORMATION**

SPORT _____ **GRADE** _____

ATHLETE NAME _____ **ID #** _____

DATE OF BIRTH _____ **HOME PHONE** _____

ADDRESS _____

MOTHER/GUARDIAN _____ **CELL PHONE** _____

FATHER/GUARDIAN _____ **CELL PHONE** _____

MOTHERS EMPLOYMENT _____ **PHONE** _____

FATHERS EMPLOYMENT _____ **PHONE** _____

IN CASE OF EMERGENCY FIRST CALL _____

IF ABOVE CANNOT BE LOCATED CALL _____

PRIMARY CARE PHYSICIAN _____ **PHONE** _____

DENTIST _____ **PHONE** _____

**IF THE PHYSICIAN OF YOUR CHOICE CANNOT BE REACHED, MAY WE
CONTACT THE SCHOOL PHYSICIAN?** _____

ALLERGIES TO MEDICINES _____

PRE-EXISTING MEDICAL CONDITIONS _____

HOSPITAL CHOICE _____

INSURANCE INFORMATION

CARRIER _____ **GROUP#** _____

POLICY# _____ **PHONE** _____