

Weyauwega-Fremont High School

Athletic Emergency Locator Form

Athlete's Name: _____ Date of Birth: _____

Parents Names: _____

Address: _____

Phone Number: _____ Cell Phone: _____

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

Parents Names: _____

Address: _____

Phone Number: _____ Cell Phone: _____

Insurance Company: _____ ID #: _____

Medical Clinic: _____ Phone: _____

Hospital: _____ Phone: _____

Dental: _____ Phone: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Cell Phone: _____

(additional contact)

Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Cell Phone: _____

MEDICAL CONDITIONS

Allergies: _____ Other Information: _____

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

Parent Signature

Date