

DULUTH EAST ATHLETIC INFORMATION

Athlete _____
Last *First* *Middle*

Date of Birth ____ / ____ / ____

Grade _____

Home Address _____

Home Phone _____

Father's Name _____

Business Phone _____

Mother's Name _____

Business Phone _____

If unable to contact parent, please call:

_____ Phone No. _____

Allergies / Handicaps _____

In case of serious accident or illness and I cannot be reached, I authorize doctors indicated below to give necessary treatment.

Dr. _____ Phone _____ Dr. _____ Phone _____
Doctor *Dentist*

Insurance company _____ Policy Number _____

In case of emergency requiring immediate medical attention and school authorities are unable to locate me or my child's physician, I hereby authorize my child be taken to (check one) St. Luke's St. Mary's emergency room or to the nearest emergency room.

Parent / Guardian Signature