DULUTH EAST ATHLETIC INFORMATION

Last		First	Middle
ate of Birth/	_/		Grade
ome Address			Home Phone
ather's Name			Business Phone
unable to contact parent,	please call:		
			Phone No
In case of serious acciden	nt or illness and I cannot be	reached, I authorize doct	tors indicated below to give necessary treatmen
Ilergies / Handicaps	nt or illness and I cannot be	reached, I authorize doct	
Illergies / Handicaps	nt or illness and I cannot be	reached, I authorize doci	tors indicated below to give necessary treatmen Phone
In case of serious accidents. Doctor Surance company	nt or illness and I cannot be	reached, I authorize doci	Province to give necessary treatmen Dentist Olicy Number
In case of serious accidents Doctor In case of emergency requiri	nt or illness and I cannot be Phone ng immediate medical attentic	reached, I authorize doct Dr Proposed and school authorities are	tors indicated below to give necessary treatmen Phone Dentist

Parent / Guardian Signature