

**ST. PETER LUTHERAN SCHOOL ATHLETICS EMERGENCY INFORMATION**

**Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **email:** \_\_\_\_\_

**Father:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Mother:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Dr.:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Other contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Health**

**Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**List Health conditions in case of emergency:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In an emergency situation parents are immediately contacted.**

**Parent/ Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_