

Mukilteo School District No. 6  
**ATHLETIC EMERGENCY INFORMATION**

Student Name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Father's Business Phone \_\_\_\_\_ Mother's Business Phone \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Two persons you recommend we call in event you cannot be reached:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Preference of Physicians:

1. \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

*If neither physician is available, do we have your permission to take your student to a hospital or available physician? \_\_\_\_\_*

Preference of Hospital \_\_\_\_\_

Date of Last Tetanus Booster \_\_\_\_\_ Allergies: \_\_\_\_\_

*Please write any other pertinent medical history on reverse side.*

**Office Use Only**

School Insurance   
Waiver   
Physical

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*ksh:Athletics[6-3-96]*