Trinity Lutheran Athletic Health Emergency Card - 2023-2024

Name Last First Middle I. Address	Date of Birth		Home Phone	e ()
Address	Name	First		Grade
Father's Name	Last	FIRST		Middle I.
Place of Business	Address		City	Zip
Business Phone	Father's Name		Mother's Name	
Cell Phone Cell Phone Email	Place of Business		_ Place of Business	
Relationship Phone Relationship Phone Phone	Business Phone		Business Phone	
Name Relationship Phone	Cell Phone		Cell Phone	
Name Relationship Phone Name Relationship Phone Name Relationship Phone List any medications that your child is currently using (including EpiPen, inhaler, etc.) Please list any special conditions of health (allergies, etc.) If, in the judgment of the school authorities, emergency treatment is required, I authorize my child to be transported by ambulance to a hospital for treatment. I also understand that the ambulance does reserve the right to convey the patient to the nearest definitive care hospital or the hospital of their choice, should they deem it necessary. I hereby authorize the physician(s) at the hospital to give emergency treatment to my child. Name Relationship (Please print)	Email		Email	
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SignatureDate	(Please pri	nt)	_เ รอเฉแบบอกเห	
SignatureDate				
	Signature		_Date	