

2023-2024 - Middleton HS Emergency Information

Student Name _____ **Birth Date** ____ / ____ / ____
Grade Level _____ **Sports participating in:** _____

Parent/Legal Guardian Names:

Father _____ **Mother** _____

Address _____

Home Phone _____

Parent/Legal Guardian Work/Cell Phone:

Father _____

Mother _____

Emergency Contact - If parent/legal guardian cannot be contacted, notify:

Name _____

Relationship _____ **Phone** _____

Name _____

Relationship _____ **Phone** _____

Family Physician _____

Phone _____

Insurance Company _____ **Name of Insured** _____

Insurance Policy # _____ **Insurance address** _____

Phone _____

Known allergies (i.e., food, insect, drug) _____

Last tetanus shot _____

Medical conditions _____

Medications currently taken (i.e., inhaler, insulin) _____

Glasses or Contacts: _____

Please check if you do not have insurance _____

Parent Signature: _____ **Date** _____