



Owatonna Christian School
265 26th Street NE
Owatonna, MN 55060
(507) 451-3495 (phone)
(507) 451-3762 (fax)
www.owatonnachristianschool.org

Student Athlete Medical Emergency Information

Student Information

Athlete's Full Name: _____ Grade: _____
Last First Middle

Emergency Contact: _____ Phone: _____

Relationship to Athlete: _____

Alternate Contact: _____ Phone: _____

Relationship to Athlete: _____

Medical Information (provide all information requested)

Physician/HMO/Clinic: _____ Phone: _____

Hospital Preferred: _____ Phone: _____

Medical Insurer: _____ Policy No: _____

Dentist Name: _____ Phone: _____

Dental Insurer: _____ Policy No: _____

Allergies/Medical Conditions: _____

Medications: _____

Parent/Guardian Authorization:

If I cannot be reached in an emergency, I hereby consent for a qualified physician or surgeon to examine, diagnose, and to prescribe or preform treatment, including surgery, that is deemed advisable for the welfare of the above-named participant.

Parent/Guardian Signature (Required): _____