## LAKE SHORE PUBLIC SCHOOLS - ATHLETIC EMERGENCY CARD (PLEASE PRINT - <u>SIGN BOTH SIDES OF CARD</u>)

NAME		BIRTHDATE	GRADE
LAST	FIRST	MIDDLE	
ADDRESS		CITY	ZIP
FATHER'S NAME		MOTHER'S NAME	
FATHER (Guardian) Home _		Work	Cell
MOTHER (Guardian) Home _		Work	Cell
		REACHED AT HOME/BUSINESS, CALL EITH	
NAME		_ADDRESS	PHONE NO
NAME		ADDRESS	PHONE NO.
IN CASE THE ABOVE ATHLET	E BECOMES ILL	OR INJURED AT SCHOOL AND I CANNOT B	E REACHED,
PLEASE TAKE HIM/HER FOR	MEDICAL CARE	то:	
DR		OR	HOSPITAL
OR TO ANY OTHER PHYSICIA	AN OR HOSPITAL	I HEREBY AUTHORIZE MEDICAL CARE A	ND AGREE TO PAY ALL EXPENSES INCURRED
BY THE HANDLING OF THIS	EMERGENCY CA		
		Parent/Guardian SIGNATURE	DATE
HOSPITAL INSURANCE:	YES	NO COMPANY	
ALLERGIES/OTHER MEDIC	CAL INFORMAT	TIONS	
	LAKE SHOF	RE PUBLIC SCHOOLS - ATHLETIC E	EMERGENCY CARD
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NAME	(P	LEASE PRINT - <u>SIGN BOTH SIDES (</u>	OF CARD)
NAME Last	(P	LEASE PRINT - <u>SIGN BOTH SIDES (</u> BIRTHDATEBIRTHDATE	OF CARD) GRADE
NAME Last ADDRESS	(P	LEASE PRINT - <u>SIGN BOTH SIDES (</u> BIRTHDATE MIDDLECITY	OF CARD)  GRADE  ZIP
NAME Last ADDRESS FATHER'S NAME	(P FIRST	LEASE PRINT - SIGN BOTH SIDES (  BIRTHDATE  MIDDLE  CITY  MOTHER'S NAME	OF CARD)GRADE ZIP
NAMELAST ADDRESSFATHER'S NAMEFATHER (Guardian) Home _	(P	LEASE PRINT - SIGN BOTH SIDES ( BIRTHDATE MIDDLECITY MOTHER'S NAME Work	OF CARD) GRADE ZIP
NAMELAST ADDRESSFATHER'S NAMEFATHER (Guardian) Home _ MOTHER (Guardian) Home _	(P	BIRTHDATE  MIDDLE  MOTHER'S NAME  Work  Work	OF CARD) GRADE ZIP Cell Cell
NAMELAST ADDRESS	FIRST	BIRTHDATE  MIDDLE  CITY  MOTHER'S NAME  Work  Work  REACHED AT HOME/BUSINESS, CALL EITH	GRADE ZIP  Cell Cell  IER OF THE FOLLOWING:
NAMELAST ADDRESS	FIRST	BIRTHDATE  MIDDLE  CITY  MOTHER'S NAME  Work  REACHED AT HOME/BUSINESS, CALL EITH  ADDRESS	GRADECRADEZIPCellCellERR OF THE FOLLOWING:PHONE NO
NAMELAST ADDRESS	FIRST NO ONE CAN BE	BIRTHDATE  MIDDLE  MOTHER'S NAME  Work  REACHED AT HOME/BUSINESS, CALL EITH  ADDRESS  ADDRESS	GRADE ZIP Z
NAMELAST ADDRESS	FIRST NO ONE CAN BE	BIRTHDATE  MIDDLE  MOTHER'S NAME  Work  REACHED AT HOME/BUSINESS, CALL EITH  ADDRESS  ADDRESS  OR INJURED AT SCHOOL AND I CANNOT B	GRADE ZIP Z
NAMELAST ADDRESSFATHER'S NAME FATHER (Guardian) Home MOTHER (Guardian) Home IN CASE OF EMERGENCY IF INAME NAME IN CASE THE ABOVE ATHLET PLEASE TAKE HIM/HER FOR	FIRST  NO ONE CAN BE TE BECOMES ILL MEDICAL CARE	BIRTHDATE  MIDDLE  MOTHER'S NAME  Work  Work  REACHED AT HOME/BUSINESS, CALL EITH  ADDRESS  ADDRESS  OR INJURED AT SCHOOL AND I CANNOT B TO:	GRADE ZIP Z
NAMELAST ADDRESSFATHER'S NAME FATHER (Guardian) Home MOTHER (Guardian) Home IN CASE OF EMERGENCY IF INAME NAME IN CASE THE ABOVE ATHLET PLEASE TAKE HIM/HER FOR DR	FIRST  NO ONE CAN BE TE BECOMES ILL REMEDICAL CARE	BIRTHDATE  MIDDLE  MOTHER'S NAME  Work  Work  REACHED AT HOME/BUSINESS, CALL EITH  ADDRESS  ADDRESS  OR INJURED AT SCHOOL AND I CANNOT B TO:  OR	GRADE ZIP ZI
NAMELAST ADDRESSFATHER'S NAME FATHER (Guardian) Home MOTHER (Guardian) Home IN CASE OF EMERGENCY IF NAME NAME IN CASE THE ABOVE ATHLET PLEASE TAKE HIM/HER FOR DR OR TO ANY OTHER PHYSICI.	FIRST  NO ONE CAN BE TE BECOMES ILL MEDICAL CARE	BIRTHDATE  MIDDLE  CITY  MOTHER'S NAME  Work  REACHED AT HOME/BUSINESS, CALL EITH  ADDRESS  ADDRESS  OR INJURED AT SCHOOL AND I CANNOT B TO:  OR  I HEREBY AUTHORIZE MEDICAL CARE A	GRADE ZIP
NAMELAST ADDRESSFATHER'S NAME FATHER (Guardian) Home MOTHER (Guardian) Home IN CASE OF EMERGENCY IF NAME NAME IN CASE THE ABOVE ATHLET PLEASE TAKE HIM/HER FOR DR	FIRST  NO ONE CAN BE TE BECOMES ILL MEDICAL CARE	BIRTHDATE  MIDDLE  CITY  MOTHER'S NAME  Work  Work  REACHED AT HOME/BUSINESS, CALL EITH  ADDRESS  ADDRESS  OR INJURED AT SCHOOL AND I CANNOT B TO:  OR  I HEREBY AUTHORIZE MEDICAL CARE A RE.	GRADE  ZIP  Cell  Cell  IER OF THE FOLLOWING: PHONE NO. PHONE NO. HOSPITAL
LAST ADDRESS_ FATHER'S NAME_ FATHER (Guardian) Home _ MOTHER (Guardian) Home _ IN CASE OF EMERGENCY IF IN NAME_ NAME_ IN CASE THE ABOVE ATHLET PLEASE TAKE HIM/HER FOR DR OR TO ANY OTHER PHYSICI.	FIRST  NO ONE CAN BE TE BECOMES ILL MEDICAL CARE	BIRTHDATE  MIDDLE  CITY  MOTHER'S NAME  Work  Work  REACHED AT HOME/BUSINESS, CALL EITH  ADDRESS  ADDRESS  OR INJURED AT SCHOOL AND I CANNOT B TO:  OR  I HEREBY AUTHORIZE MEDICAL CARE A RE.	GRADE ZIP ZIP ZIP ZIP ZIP SER OF THE FOLLOWING:  PHONE NO PHONE
NAMELAST ADDRESS	FIRST  NO ONE CAN BE TE BECOMES ILL MEDICAL CARE AN OR HOSPITAL EMERGENCY CA	BIRTHDATE  MIDDLE  CITY  MOTHER'S NAME  Work  Work  REACHED AT HOME/BUSINESS, CALL EITH  ADDRESS  ADDRESS  OR INJURED AT SCHOOL AND I CANNOT B  TO:  OR  I HEREBY AUTHORIZE MEDICAL CARE A  RE.  Parent/Guardian  SIGNATURE	GRADE  ZIP  Cell  Cell  IER OF THE FOLLOWING: PHONE NO. PHONE NO. HOSPITAL

## LAKE SHORE PUBLIC SCHOOL INTERSCHOLASTIC PROGRAM-PARENTS INSURANCE WAIVER

Parent's /Guardian Signature	Date
	· .
CODE	E OF CONDUCT
pamphlet entitled "Your High School Eligibility". We ac	chool Student-Parent Athletic Code of Conduct and MHSAA except the responsibility to follow the guidelines and agree to accept will support and role model all aspects of sportsmanship and the
Signed:	
Student	Parent/Guardian
We, the undersigned, feel we have insurance protection	DLASTIC PROGRAM-PARENTS INSURANCE WAIVER on for our Son/Daughter while practicing or participating in any
We, the undersigned, feel we have insurance protection	
We, the undersigned, feel we have insurance protection Interscholastic Sports  Parent's /Guardian Signature	n for our Son/Daughter while practicing or participating in any
We, the undersigned, feel we have insurance protection Interscholastic Sports  Parent's /Guardian Signature  CODE  My son/daughter and I have read the Lake Shore High School Eligibility". We act the consequences as addressed in the code of conduct. We	Date  Copy Conduct and MHSAA except the responsibility to follow the guidelines and agree to accept
We, the undersigned, feel we have insurance protection Interscholastic Sports  Parent's /Guardian Signature  CODE  My son/daughter and I have read the Lake Shore High Sc pamphlet entitled "Your High School Eligibility". We ac	Date  OF CONDUCT