

LAKE SHORE PUBLIC SCHOOLS - ATHLETIC EMERGENCY CARD
(PLEASE PRINT - SIGN BOTH SIDES OF CARD)

SPORT _____

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 _____

IN CASE OF EMERGENCY IF NO ONE CAN BE REACHED AT HOME/BUSINESS, CALL EITHER OF THE FOLLOWING:

NAME _____ ADDRESS _____ PHONE NO. _____

NAME _____ ADDRESS _____ PHONE NO. _____

IN CASE THE ABOVE ATHLETE BECOMES ILL OR INJURED AT SCHOOL AND I CANNOT BE REACHED,
PLEASE TAKE HIM/HER FOR MEDICAL CARE TO:

DR. _____ OR _____ HOSPITAL,

OR TO ANY OTHER PHYSICIAN OR HOSPITAL. I HEREBY AUTHORIZE MEDICAL CARE AND AGREE TO PAY ALL EXPENSES INCURRED
BY THE HANDLING OF THIS EMERGENCY CARE.

Parent/Guardian SIGNATURE	DATE
------------------------------	------

HOSPITAL INSURANCE: YES _____ NO _____ COMPANY _____

ALLERGIES/OTHER MEDICAL INFORMATION _____

LAKE SHORE PUBLIC SCHOOL INTERSCHOLASTIC PROGRAM-PARENTS INSURANCE WAIVER

We, the undersigned, feel we have insurance protection for our Son/Daughter while practicing or participating in any Interscholastic Sports

Parent's /Guardian Signature

Date

CODE OF CONDUCT

My son/daughter and I have read the Lake Shore High School Student-Parent Athletic Code of Conduct and MHSAA pamphlet entitled "Your High School Eligibility". We accept the responsibility to follow the guidelines and agree to accept the consequences as addressed in the code of conduct. We will support and role model all aspects of sportsmanship and the ideals that the Lake Shore schools stand for.

Signed: _____

Student

Parent/Guardian