**Form B**

**2013-2014**
**Watertown High School**
**Athletic Department**

***EMERGENY DATA***

Birth Date: _____ Sport: _____2013-2014 Grade:_____

Name: _____
Last First Middle

Home Telephone Number: _____

Home Address: _____

PLEASE COMPLETE THE FOLLOWING:
Allergies to (stings, medications, food, etc.): _____
Taking Medications (please name): _____
Diabetic _____ Seizures_____ Date of Late Tetanus Injection:_____
Asthma_____ Does your child need: Inhaler_____, Epi-Pen____, Benadryl_____

_____
Father's Name Employer & Business Address Business/Cell Phone

_____
Mother's Name Employer & Business Address Business/Cell Phone

Family Doctor:_____ Telephone: _____

Family Dentist:_____ Telephone: _____

Hospital Preference:_____ Telephone: _____

Please list below persons readily available whom we may call if parents are unavailable:

1. _____ Telephone:_____

2. _____ Telephone:_____

3. _____ Telephone:_____

The Watertown Board of Education and any of its representatives has my permission to take whatever action it deems necessary for the health and welfare of my child in case of an emergency.

_____ _____
Parent's Signature Date