

Lighthouse Home School Athletics LHSA - is a project of STEP (Southeast Texas Educational Partnership), a Texas non-profit corporation.

LHSA Emergency Medical Form

Please complete one form per student.

Student's Full Name _____

Age _____ Birthday _____ Grade _____

Parents' Names _____

Address _____

Home phone _____ Mom's Cell _____

Dad's work phone _____ Dad's cell _____

Emergency Contact Information in Addition to Parents

1.) Name _____ Relationship to student _____

Home phone _____ Cell phone _____

2.) Name _____ Relationship to student _____

Home phone _____ Cell phone _____

Drug allergies Y or N if yes, please list _____

Food allergies Y or N if yes, please list _____

Current medications: _____

Other remarks and medical facts: _____

Pediatrician's name _____ Number _____

Insurance Co _____ Phone _____

Policy ID _____ Group Number _____

Full Name of Policy Holder _____ Birth date _____

With this instrument, I do hereby give direct authority to LHSA/STEP to grant medical treatment. This treatment includes, but is not limited to: emergency, pharmaceutical, surgical. I do hereby take full responsibility for all costs and obligations rendered to our child. I do affirm the above child is covered by medical insurance and will be throughout the athletic season.

Signature _____ Date _____

I do affirm the above child is NOT covered by medical insurance and do hereby take full responsibility for all costs and obligations for any treatment or medical aide rendered to our child.

Signature _____ Date _____