St. Mary's Preparatory
Athletic Emergency Information Form

(PLEASE PRINT)

_____ _____ _____

Student / Athlete's name **Date of Birth** **Student's grade**

_____ (____)_____

Address **Home Phone**

_____ _____ _____

City **State** **Zip**

Please list which sports the student / athlete will participate in:_____

_____ (_____)_____

Mother's name **Student's cell phone number (optional)**

(_____)_____ (_____)_____ (_____)_____

Home phone **Work phone** **Other / cell phone**

_____

Father's name

(_____)_____ (_____)_____ (_____)_____

Home phone **Work phone** **Other / cell phone**

Please list two emergency contact persons if parents cannot be reached:

_____ _____

Name (contact 1) **Relationship**

(_____)_____ (_____)_____ (_____)_____

Home phone **Work phone** **Other / cell phone**

_____ _____

Name (contact 2) **Relationship**

(_____)_____ (_____)_____ (_____)_____

Home phone **Work phone** **Other / cell phone**

Please list any **ALLERGIES** the student/athlete has (food, insects, medication, etc. if none, please write NONE): _____

_____

Please list any **MEDICATIONS** the student/athlete is taking and the reason:_____

_____

Is there anything additional that the athletic training staff and coaches of St. Mary's Prep should know?? (surgeries, recent injuries, etc.):

_____

I, _____, the parent/guardian of _____

recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent to emergency medical care. I do thereby consent to advice to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances, and to assume the expenses of such care.

_____

Signature of parent/guardian **Date**

_____

Insurance carrier **Policy number**