

# 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 hereby 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 \_\_\_\_\_