

# ST. GEORGE ATHLETIC EMERGENCY INFORMATION

**STUDENT NAME** \_\_\_\_\_

1. Parent/Guardian \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Employment \_\_\_\_\_

2. Parent/Guardian \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Employment \_\_\_\_\_

## PERSONS TO CONTACT IF PARENTS ARE NOT AVAILABLE:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

NAME OF FAMILY DOCTOR \_\_\_\_\_ Phone # \_\_\_\_\_

NAME OF FAMILY DENTIST \_\_\_\_\_ Phone # \_\_\_\_\_

HOSPITAL PREFERENCE \_\_\_\_\_ Phone # \_\_\_\_\_

HEALTH INSURANCE (Check)

Private/Group \_\_\_\_\_ Medicaid \_\_\_\_\_ No Health Insurance \_\_\_\_\_

## AUTHORIZATION FOR SCHOOL ATHLETIC OFFICIALS IN CASE OF EMERGENCY:

I authorize athletic officials to secure emergency treatment if I cannot be notified. I will assume responsibility for expenses incurred for the emergency treatment.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical Information/History

Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

List health conditions or disabilities \_\_\_\_\_

List medications your child is allergic to \_\_\_\_\_

Other allergies (food, seasonal, Band-Aids, other) \_\_\_\_\_

Medication taken routinely \_\_\_\_\_ as needed \_\_\_\_\_

Any vision/hearing problems? Yes/No (wears glasses, contacts, hearing aid)

Explain \_\_\_\_\_

Child has had a physical in the last year? Yes \_\_\_\_\_ No \_\_\_\_\_

Child has received an immunization in the last year? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes type \_\_\_\_\_ Date \_\_\_\_\_