

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 one)
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 _____

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 _____