



Emergency Contact Form for Athletics

2017 - 2018

(Please fill out both sides of form)

Student Name _____ /_____/_____
First Middle Last Date of Birth Grade in '17-'18

Home Address _____
Street City State Zip

Home Phone _____ Age _____ SS # - - - Sport(s): _____

Primary Parent(s)/Guardian(s) to contact in case of an emergency:

	Guardian #1:	Guardian #2:
Relationship: _____	Relationship: _____	
Full Name	First Middle Last	First Middle Last
Home Address (if different than student)		
	Street City State Zip	Street City State Zip
Place of Employment		
Work Address		
	Street City State Zip	Street City State Zip
Email Address		
Phone #'s	home cell work	home cell work

REQUIRED: Please list two alternate emergency contact names and phone numbers:

Name _____ Relationship: _____

Phone #'s _____ Alternate # _____
home cell work

Name _____ Relationship: _____

Phone #'s _____ Alternate # _____
home cell work

Physician/Insurance Information:

Primary Physician Name _____ Phone: _____
office cell

Preferred Medical Facility _____

Health Insurance Co./Address: _____ Policy #: _____

Insurance Co. Phone # _____ Alternate # _____

Student's Name: _____

Date of Birth: ____/____/____

Medical Information

Current Medical Conditions (i.e. chronic illness, asthma, diabetes, etc.)

Previous medical injury or illnesses (ex. Organs: heart, lungs, etc. Conditions such as asthma, heart problems, concussions, seizures, etc.)

Daily medication that your child takes that school should know about:

Is your child allergic to any medication? Yes No Please name medications:

Allergies (food/environmental) and describe any required action:

If there is any medication that MUST be given during school hours, please see the principal for appropriate forms and procedures.

If, in the judgment of any representative of the school, emergency treatment is required, I/we authorize the school authorities to follow city or area EMS regulation in caring for my child. By signing this form, I/we request, authorize, and consent to such care and treatment as may be give to said student by any physician, trainer, nurse, hospital, or school representative: and do hereby agree to indemnify and save harmless St. Dominic Savio Catholic High School (SDSCHS), SDSCHS Board of Directors and Advisors, administration, faculty, staff, and the Catholic Diocese of Austin from any and all liability arising to my child as a result of an emergency. SDSCHS does not assume financial obligation, but does wish to provide the best service possible in case of an emergency.

Please Print Father's/Guardian Full Name

Father's/Guardian's Signature

Date

Please Print Mother's/Guardian Full Name

Mother's/Guardian's Signature

Date