



Emergency Contact Form for Athletics

2015 - 2016

(Please fill out both sides of form)

Student Name _____
First _____ Middle _____ Last _____

_____/_____/_____
Date of Birth

Grade in '15-'16

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 _____
home _____ cell _____ work _____ Alternate # _____

Name _____ Relationship: _____

Phone #'s _____
home _____ cell _____ work _____ Alternate # _____

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 given 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