



# ST. STEPHEN SCHOOL ATHLETIC PROGRAM



## REQUIRED DOCUMENTATION 2017-2018 SPORTS EMERGENCY FORM

<i>Student's Last Name</i>	<i>First Name</i>	<i>MI</i>	
<i>Home Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Telephone Number</i>	<i>Date of Birth</i>	<i>Grade</i>	

### **IN CASE OF EMERGENCY CALL**

1.			
	<i>Name</i>	<i>Tel. No.</i>	<i>Relationship</i>
2.			
	<i>Name</i>	<i>Tel. No.</i>	<i>Relationship</i>

Preferred Hospital: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Tel No. \_\_\_\_\_

Medical Insurance Plan: \_\_\_\_\_

Medical Insurance Policy No. \_\_\_\_\_

In case of medical emergency, the coach has our consent to apply first aid and secure an ambulance service in case a parent or legal guardian cannot be reached. I will accept responsibility for any expense incurred in handling this emergency care.

<i>Signature of parent or legal guardian</i>	<i>Date</i>
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*\*Please indicate any important medical information that our coaches should be aware of:*

\_\_\_\_ Asthma (Student has inhaler \_\_\_\_yes \_\_\_\_no)

\_\_\_\_ Bee Sting Allergy (Student has Epi-pen \_\_\_\_yes \_\_\_\_no)

\_\_\_\_ Head Injury \_\_\_\_yes \_\_\_\_no *(Please explain)* \_\_\_\_\_

\_\_\_\_ Other medical condition. *(Please explain)* \_\_\_\_\_