



ST. STEPHEN SCHOOL ATHLETIC PROGRAM



REQUIRED DOCUMENTATION 2018-2019 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)* _____