

### Athletic Emergency Contact Form

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parents Names:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

*Does your child live with you? If not, please list additional contact information:*

**Parents Names:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **ID #:** \_\_\_\_\_

**Medical Clinic:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Hospital:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Dental:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

*Emergency Contact:*

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

*Medical Conditions:*

**Allergies:** \_\_\_\_\_

**Other Information:** \_\_\_\_\_

*In the event that either parent or emergency contact person cannot be contacted by telephone, I authorize St. Mary Catholic Schools to use discretion and seek medical attention / transportation.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_