

Villa Angela – St. Joseph High School
SPORTS EMERGENCY INFORMATION

PLEASE PRINT

PLEASE PRINT

Student Name _____
Last First Date of Birth

We consent to the participation of the above - named student in the interscholastic program of his/her school including practice sessions and travel to and from athletic contests. We also agree to emergency treatment as deemed necessary by the physician(s) designated by school authorities.

Parent or Guardian Signature Parent or Guardian Printed Name

Date Health Insurance Provider Policy or Student Medical Record #

Please list any medications currently being taken/ any known allergies: _____

Please indicate any medical conditions or past history that might be important: _____

EMERGENCY CONTACT INFORMATION

PLEASE PRINT

_____ Name	_____ Relationship	_____ Day Phone	_____ Home Phone
_____ Name	_____ Relationship	_____ Cell Phone	_____ Pager
_____ Name	_____ Relationship	_____ Day Phone	_____ Home Phone
_____ Name	_____ Relationship	_____ Cell Phone	_____ Pager

Date _____