

Our Lady of Victory – Student Athlete Emergency Information (Please complete all information)

Student's Name _____ Today's Date: _____
(Last) Please Print (First)

Family Telephone Number: _____ Grade: _____ Date of Birth: _____

Address: _____
Street City State Zip

Father's First Name: _____ Occupation: _____

Employer: _____ Telephone Number: _____

Mother's First Name: _____ Occupation: _____

Employer: _____ Telephone Number: _____

In the event of an Emergency and we cannot be reached, kindly contact one of the following:

Please Print – Last Name, First Name Telephone Number Please Print – Last Name, First Name Telephone Number

If none of the above are available/contacted, we give our permission to the Coach/Athletic Director to take our daughter to a Doctor or Hospital Emergency Room.

Doctor's Name Telephone Number Hospital

Insurance Company Policy Number

Parent/Guardian Signature

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(Last) Please Print (First)

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Employer: _____ Telephone Number: _____

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