

EMERGENCY INFORMATION

Athlete Info	Athlete's name: _____ Age: _____ Grade: _____
	Address: _____
	Phone: _____
	Sports: _____

Parent Info	Parent or Guardian's name: _____
	Home Phone: _____ Work Phone: _____ Cell Phone: _____
	Parent or Guardian's name: _____
	Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contacts	List two emergency contacts		
	Name: _____ Relationship: _____ Phone: _____		
	Name: _____ Relationship: _____ Phone: _____		

Dr & Insurance Info	Insurance Company: _____ Policy Number: _____
	Physician's Name: _____ Phone Number: _____

Medical History	Are you allergic to any drugs? _____ If so what? _____
	Do you have any other allergies? (i.e. bee stings, dust): _____
	Do you suffer from: Asthma _____ Diabetes _____ Epilepsy _____
	Are you on any medication? _____ If so, what? _____
	Do you wear contacts or glasses? _____
Other: _____	

Parent/Guardian Signature _____ Date _____

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for St. Gilbert School use only
