

St. Mary Central High School

ATHLETIC EMERGENCY CONTACT FORM

Athlete's Name		Date of Birth	
Parents Name			
Address			
Phone Number		Cell Phone	

Does your student live with you? If not, please list additional contact informaton.

Parents Name			
Address			
Phone Number		Cell Phone	

Insurance Company		ID #	
Medical Clinic	Name	Phone	
Hospital	Name	Phone	
Dental	Name	Phone	

EMERGENCY CONTACT

Name		Relationship	
Address			
Phone Number		Cell Phone	

Name		Relationship	
Address			
Phone Number		Cell Phone	

MEDICAL CONDITIONS

Allergies	
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OTHER INFORMATION

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

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Parent Signature

Date