

**ST. PETER CATHOLIC SCHOOL ATHLETICS  
EMERGENCY INFORMATION  
2018-2019**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies \_\_\_\_\_

Pre-existing Medical Conditions \_\_\_\_\_

**CONSENT FOR EMERGENCY TREATMENT FOR INTERSCHOLASTIC ACTIVITY INJURIES**

I (we), the parent(s) or guardian(s) of the student(s) named above in consideration of my son's/daughter's opportunity to participate in interscholastic activities, hereby consent to emergency medical treatment in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity team or group. I hereby waive on behalf of myself, my spouse (if applicable) and the above named student(s) any liability of St. Peter Catholic School, its agencies or employees arising out of such medical treatment.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

**CONTACT IN THE EVENT PARENTS CANNOT BE CONTACTED**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

