

**HOLY SPIRIT HIGH SCHOOL
ATHLETIC TRAINING EMERGENCY FORM**

SPORT GRADE _____

STUDENT'S NAME _____ M / F DOB: _____ AGE: _____
(LAST) (FIRST) (MI)

ADDRESS _____ HOME PHONE _____
(STREET) (CITY/TOWN) (ZIP)

FATHER _____ WORK PHONE _____ CELL PHONE _____

MOTHER _____ WORK PHONE _____ CELL PHONE _____

PARENT/GUARDIAN'S EMAIL ADDRESS _____

STUDENT RESIDES WITH ___ MOTHER & FATHER ___ MOTHER ___ FATHER ___ GUARDIAN

OTHER (PLEASE SPECIFY): _____ CUSTODY ARRANGEMENTS ___ YES ___ NO

IF UNABLE TO REACH PARENT IN CASE OF EMERGENCY, CONTACT:

(NAME) (ADDRESS) (PHONE #)

(NAME) (ADDRESS) (PHONE #)

FAMILY PHYSICIAN _____ PHONE # _____

SIGNIFICANT HEALTH PROBLEMS: Y N (circle one)

ALLERGIES _____

INSURANCE INFORMATION

INSURANCE COMPANY: _____

INSURANCE TYPE: HMO/PPO ETC. _____

ID# _____ GROUP # _____

I hereby give my permission that in the event of an emergency

(PRINT STUDENT'S NAME ABOVE)

MAY be taken to the hospital for treatment. The hospital may administer emergency medical treatment if necessary.

Signature _____ Date _____ / _____ / _____

NOTE: IN THE EVENT OF AN EMERGENCY, THE COACH AND ATHLETIC TRAINER WILL RELY ON THE ABOVE INFORMATION.