

SETON CATHOLIC PREPARATORY HIGH SCHOOL 2017-18 ATHLETIC MEDICAL EMERGENCY CARD

ATHLETE'S NAME _____ M or F _____

DATE OF BIRTH _____ GRADE _____

PARENT NAMES _____ HOME PHONE _____

FATHER: WORK PHONE _____ CELL: _____

EMAIL ADDRESS _____

MOTHER: WORK PHONE _____ CELL: _____

EMAIL ADDRESS _____

HOME ADDRESS _____

EMERGENCY NAME / NUMBER (*other than parents*) _____

INSURANCE CARRIER _____

POLICY/ID # _____ GROUP # _____

KNOWN ALLERGIES _____

MEDICAL CONDITIONS _____

MEDICATIONS TAKEN _____

IF EMERGENCY SERVICE INVOLVING MEDICAL ACTION OR TREATMENT IS REQUIRED
& NEITHER THE PARENTS NOR GUARDIANS CAN BE CONTACTED, I HEREBY CONSENT
FOR THE ATHLETE NAMED ABOVE TO BE GIVEN MEDICAL CARE BY SETON CATHOLIC
PREPARATORY HIGH SCHOOL.

PARENT/GUARDIAN SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE DATE