

SETON CATHOLIC PREPARATORY HIGH SCHOOL 2018-19 ATHLETIC MEDICAL EMERGENCY CARD

SETON ID # _____

ATHLETE'S NAME _____

M or F _____

DATE OF BIRTH _____

GRADE _____

PARENTS' 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 AND 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