

## Nerinx Hall Athletic Emergency Form 2019-20

**TO PARENTS:** Please fill out Athletic Emergency Form, sign and date return to Jody Patterson Assistant AD at Nerinx Hall High School 530 E. Lockwood Ave St. Louis MO 63119.

Print Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_

Student Cell: \_\_\_\_\_

Father name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Is your child on any medications: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify:

Name of Medication	Physician	Dosage/Frequency	Special Instructions

**All medication brought by your child will be self-carried, self-administered.**

Please provide other health information that would help us meet the needs of your child. Include such conditions as: serious allergies, asthma, diabetes, ear and eye problems, heart conditions, seizure disorders, orthopedic conditions; any specialized health care needs; dietary restrictions.

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Date of last T/D (Tetanus-Diphtheria Immunization): \_\_\_\_\_

**IN CASE OF EMERGENCY**, I request my child be taken to \_\_\_\_\_ hospital. If the school or hospital is unable to contact me, I hereby authorize the school and/or physician to treat my child, as they deem necessary.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Insurance Information: Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_