

**Notre Dame Preparatory School and Marist Academy
Emergency Information Sheet**

PLEASE PRINT

Student's Name: _____ Date of Birth: _____

Street Address: _____ Phone Number: _____

City/State/Zip: _____ Sport(s): _____

Mother's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Father's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Email: _____

LIST 2 EMERGENCY CONTACTS IF PARENTS CANNOT BE REACHED

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Please list any ALLERGIES (food, insects, medications, etc.): _____

Please list any MEDICATIONS your child is taking: _____

*Reason for taking the medication/s: _____

Please list any medical conditions: _____

Additional Notes: _____

Insurance Carrier: _____ Policy Number: _____

MEDICAL TREATMENT CONSENT
(To be filled in by Parent or Legal Guardian)

I, _____, the parent or guardian of _____ recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary by the Certified Athletic Trainer or other personnel, under the then-existing circumstances and to assume the expense of such care.

Signature of Parent or Legal Guardian

Date