

Authorization for Emergency Medical Care Date _____

*PURPOSE: To enable parents and guardians to authorize emergency treatment for student athletes who become ill or injured while under **Thomas More School, 1565 S. White Road, San Jose, CA 95127** authority, when parents or guardians cannot be reasonably reached.*

Name of Student : _____ Grade _____

Home Address _____ City _____, CA – Zip _____

Date of Birth _____ SSN# _____

Waiver / Release

MEDICAL RELEASE: My child has permission to participate in competitive athletics at Thomas More School. If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services, which requires my authorization or consent before the same can be supplied by the undersigned, I hereby authorize, appoint and empower Thomas More School and its staff to act as my agent to furnish on my behalf such oral or written authorization as may be required, and I release Thomas More School from any and all liability which might arise from giving such medical or surgical services as soon as reasonable possible after the need arises.

Signature of Parent: _____

Emergency Information – please print

Father's / Guardian's Name	Mother's / Guardian's Name
Home Phone	Home Phone
Mobile Phone	Mobile Phone
Name of Employer / Company:	Name of Employer / Company:
Work Phone:	Work Phone:

In case parents cannot be contacted, please provide an alternative contact:

Name _____ Relationship _____

Home# _____ Mobile# _____

Family Doctor: _____ Phone: _____

Health Insurance Co. _____ Policy ID# _____

Agent _____ Phone _____

Blood Type _____ Allergies _____

Allergies to Medications _____

Glasses or contacts _____ False Teeth or Bridgework _____

Last Tetanus Booster _____ Medications _____

Any previous significant medical conditions or problems:

Parent Signature: _____

(a)

Original – Office; (b) Copy – Coach’s Binder

Office: 408-258-6888; Athletic Director: John DeTar (M) 408-892-9867, (H) 408-926-1319

Original – Office

Copy - Coach’s Binder