

**XAVIER HIGH SCHOOL 2022-23**    circle one: **FR SO JR SR**  
**ATHLETIC EMERGENCY LOCATOR FORM**

Athlete's Name		Date of Birth	
Parents Name			
Address			
Phone Number		Cell Phone	

Does your student live with you? If not, please list additional contact information.

Parents Name			
Address			
Phone Number		Cell Phone	

Insurance Company			ID #	
Medical Clinic	Name		Phone	
Hospital	Name		Phone	
Dental	Name		Phone	

**EMERGENCY CONTACT**

Name		Relationship	
Address			
Phone Number		Cell Phone	

Name		Relationship	
Address			
Phone Number		Cell Phone	

**MEDICAL CONDITIONS**

Allergies	
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**OTHER INFORMATION**

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In the event that either parent or emergency contact person cannot be contacted by telephone I authorize Xavier High School to use discretion and seek medical attention.

** Parent/Guardian Signature	Date
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