

EMERGENCY INFORMATION SHEET

Athlete's Name: _____

Date of Birth: _____

Address: _____

Home Phone Number: _____

Parent(s) / Guardian(s): _____

Work Phone Number: _____

Cell Phone Number: _____

Alternate Contact Person: _____

(in case of emergency)

Phone Number: _____

Medical Insurance Verification

_____, The daughter of _____ is covered

(Student's Name)

(Parent/guardian's name)

by medical insurance with _____.

Policy Number: _____ **Group Number:** _____

Policy Holder: _____ **Policy Holder Date of Birth:** _____

The aforementioned insurance company will be responsible for medical or surgical expenses resulting from any injury, major or minor, incurred by the student named above during any practice or athletic contest sponsored by Maryvale Preparatory School. In conjunction, the student shall also be covered by the aforementioned company for any injury that may occur while traveling to or from practice and athletic contests.

Therefore, we, the parents/guardians of the student named above agree to release the Maryvale Preparatory School, or any part thereof, from any obligation as pertains to the financial responsibility in these matters for the 2022-2023 school year, or any period thereafter.

Parent/Guardian Signature: _____ Date: _____

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EMERGENCY MEDICAL TREATMENT PERMISSION FORM

I hereby authorize the Maryvale Preparatory School to obtain through a physician/hospital of its choice, any emergency care that may become reasonably necessary for the athlete in the course of athletic activities or travel. I guarantee payment for all medical services incurred by either the insurance company listed above or myself.

Parent/Guardian Signature: _____ Date: _____

Family Physician: _____ Physician's Phone #: _____

Hospital of Choice: _____