

**2025-26 EMERGENCY INFORMATION - COMPLETED BY PARENT/GUARDIAN**

Please print or type

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent(s) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
**Other than parent, in case of emergency, contact:** \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Preferred Hospital: \_\_\_\_\_  
Date of last tetanus shot: \_\_\_\_\_ Prescribed Medicine: \_\_\_\_\_  
Known Allergies: \_\_\_\_\_

**Anyone participating in interscholastic athletics or competitive club sports must have health insurance. All athletes must be protected with personal health insurance in case of injury. Marquette University High School does not provide health insurance coverage for athletes. In any sport, especially contact sports, there is a risk of injury. Injuries to organs, paralysis and even death may occur. Students without health insurance may not practice or compete in any sport.**

**Do you carry personal health insurance?** YES  NO

**If yes, please complete the information below**

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Group #: \_\_\_\_\_

*The coach, trainer, team physician, staff and/or administrator may apply first aid treatment until the family doctor can be contacted (check one):* YES  NO

*I/We give our consent for the coaches, trainers, team physician, staff and/or school administrator to use their own judgement in securing medical aid and ambulance service in case parents/guardians cannot be reached (check one):*  
YES  NO

*I hereby give my permission for the above named student to practice and compete and represent the school in WIAA regulated interscholastic sports except those restricted on this form and as a parent (or legal guardian) of the above named student, I agree to be financially responsible for the safe return of all athletic equipment/first aid supplies issued to him. I further grant permission for my son, named above, to be given immediate emergency care in case of injury as the result of athletic competition or a school related activity by the team physician or any other physician present. I also grant permission for any medical records pertaining to the health of the above named student be made available as necessary to the proper school personnel and appropriate health care providers, including emergency medical personnel.*

**Signature of Parent/Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_