

2026-27 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 _____