St. Paul High School 2026- 2027 Emergency Information Form

Student's Last Name	Student's First Name	Class of	Date of Birth

Student's Email Address	Student's Cell Phone #

Student's Home Address	City	State	Zip Code	Home Telephone

Primary Language Spoken at Home	Student lives with: A Both Parents/Guardians A Mother A Father A Host Family	Status: A Married A Separated A Single A Widowed A Divorced

Mother's/Guardian's First Name	Last Name (if different)	Mother's Employer	Hours

Mother's Email Address	Employer's Phone #	Cell Phone #

Father's/Guardian's First Name	Last Name (if different)	Father's Employer	Hours

Father's Email Address	Employer's Phone #	Cell Phone #

Persons who can be called in an emergency or "emergency in common"

Name	Relationship	Phone Number	Alternate Phone Number
Name	Relationship	Phone Number	Alternate Phone Number
Name	Relationship	Phone Number	Alternate Phone Number
Name	Relationship	Phone Number	Alternate Phone Number

Medical Information

Medical Insurance Carrier	Policy / Group / ID Number	Phone Number

Please list any medical condition your child has/have: e.g. Epilepsy, heart, dizzy spells, blackouts, allergies, asthma, etc.

Medication(s) student is taking

Student's allergic to:

I understand that the school does not assume responsibility for payment of a physician in any case. However, in an emergency, St. Paul High School may choose to call paramedics at my expense.

Name of Local Doctor	Phone Number

Mother/Guardian Signature	Date	Father/Guardian Signature	Date

St. Paul High School 2026 - 2027 Athletic/Co-Curricular Participation Information

Student's Last Name	Student's First Name	Class of	Date of Birth	Authorization Forms on File

Sport or Activity (please check all that apply)

Football **V-ball** **Golf** **Soccer** **Basketball** **Track** **Baseball** **Softball** **Cross Country** **Pep** **Band**

Health History

History of concussion?	Yes	No	If yes, when/described: _____
History of convulsion or seizures?	Yes	No	If yes, when/described: _____
History of fainting?	Yes	No	If yes, when/described: _____
History of rheumatic fever, heart disease, or heart murmur?	Yes	No	If yes, when/described: _____
Has the student ever had a stress fracture or other fracture?	Yes	No	If yes, when/described: _____
Has the student ever had surgery?	Yes	No	If yes, when/described: _____
Is the student missing any organs?	Yes	No	If yes, when/described: _____
Does the student suffer from allergies, asthma, or diabetes?	Yes	No	If yes, when/described: _____
History of high blood pressure?	Yes	No	If yes, when/described: _____
Experienced recent increase/decrease in weight?	Yes	No	If yes, when/described: _____
Is menstruation irregular?	Yes	No	If yes, when/described: _____
Do you know of any reason why the student should not participate in full athletic program?	Yes	No	If yes, when/described: _____

Please explain any "yes" answers or concerns: _____

Height	Weight	Blood Pressure	Pulse	Nose & Throat	Eyes	Conacts or Glasses	Ears	Glands	Teeth	Posture or Orthopedic Conditions

Neurological	Heart	Lungs	Sports Hernia	Hearing	Any findings significant to school

Cleared without restriction

Cleared with recommendations for further evaluation or treatment for_____

Not cleared for participation in _____

Notes: _____

Name of Physician (print/type/stamp)

_____ Date:_____

Address: _____

Phone:_____

Signature of Physician:_____

DC, MD, DO (please circle)

If my child needs to take medication while participating in this activity, I hereby give my child permission to self-administer his/her medication in accordance with the Medication Authorization and Permission Form, and, if my child cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my child's medication. I also give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgement in obtaining and providing medical treatment for my child should it become necessary to do so. I understand that health insurance benefits through the Location, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to reimburse the Location for the cost of any medical treatment and related expense incurred. I understand that travel to and from practices and/or contests is by bus or personal vehicle. I hereby release and discharge St. Paul High School from any and all claims for personal injuries or property damage that my student may suffer as a result of participation in the travel whether or not such injuries or damage are caused by negligence of the school or its employees. Release of Liability: As a condition of participating in this activity, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the Location, their respective agents and employees and any parent/volunteer/ chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my child may suffer as a result of participation in the activity described above.

Parent/Guardian Signature: _____ Date: _____