Diocesan Inter-Scholastic Sports Program Medical Consent

Emergency information for use by coaches

Grade: ____________/Home room

Student Name: ____
Last First Middle

Address: ____________________________City ____________________Zip________________

Mother's Name/Guardian: ____

Phone: (H) ___________________ (W) ____________________(C)_______________________

Father's Name/Guardian: ____

Phone: (H) ___________________ (W) ____________________(C)_______________________

In case of an Emergency in which the parents cannot be reached, please call:

	Name	Relationship	Phone Number(s)
1.)	______________________	_________________	_________________________
2.)	______________________	_________________	_________________________
3.)	______________________	_________________	_________________________

Has the child any drug/food/environmental/insect, etc. allergies: __________________________
____

Additional information or concerns that a **coach needs to know** regarding participation of your child in sports. (Such as asthma, cystic fibrosis, diabetes, heart conditions, etc.)
____
____

Would your child require medication during sports practice? If yes, for what condition and the name of the medication? ____

Does your child have any special requirements in order to participate in sports? (i.e. dental appliances, braces, contact lens, splints, etc.)____

Family Physician ______________________City______________Phone __________________

Hospital of choice ___________________________ Insurance Co. ________________________

Date of last Tetanus shot: _______________

If any emergency arises, the school will try to contact the student's parent/guardian. If neither parent or guardian can be reached, I give permission to Dr. ______________________________ to be wholly responsible for the care of my child. If the physician is unavailable in the event of a major emergency, the administration is directed to seek emergency care at the medical or hospital facility indicated above. I will be responsible for the payment of all expenses incurred.

____ Date:______________
Signature of Parent or Guardian