

Student Name: _____ Sport: _____

Address: _____ Home Phone: _____

Date of Birth: ____/____/____ Age: ____ Grade: ____ Cell Phone: _____

Father's Name: _____ Mother's Name: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail: _____ E-mail: _____

In case of emergency, if parents cannot be reached, please notify:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Drug Allergies: _____

Current Medications: _____

Asthma: YES NO Inhaler: YES NO EPI Pen: YES NO Diabetic: YES NO

Concussion: YES NEVER Total #: _____ Date of last: _____

Other health issues: _____

Consent Form:

In an emergency, I give permission for the St. Mary School staff and/or the athletic coaches to use their judgment in securing medical care and/or an ambulance in case the parents/guardians listed above cannot be reached.

Parent/Guardian Signature: _____ Date: _____

School Nurse Permission to Participate: (to be completed by school nurse and returned to parents)

Current Physical: ____/____/____ Expiration Date: ____/____/____

Nurse Signature: _____ Date: ____