



Student-Athlete Emergency Form

Student-Athlete: _____ Sport(s): _____

Address: _____

City: _____ Zip: _____

Grade: _____ DOB: _____ Sport: _____

Home Phone: _____

Father's Name: _____ Work Phone: _____

Cell Phone: _____

Mother's Name: _____ Work Phone: _____

Cell Phone: _____

Physician: _____ Office Phone: _____

Dentist: _____ Office Phone: _____

SIGNIFICANT MEDICAL FACTS, USE OF PRESCRIBED MEDICATIONS, OR KNOWN ALLERGIES REGARDING YOUR SON:

TO PARENTS OR GUARDIANS:

The law requires that parental permission be obtained for certain medical and operative procedures on minors. The following consent form should be signed by the parents or guardians so that emergency medical procedures may be promptly carried out and so that no unnecessary delays will occur with less urgent medical and operative procedures or situations which may occur or exist. **HOWEVER, NO OPERATION OTHER THAN MINOR SURGERY WILL BE PERFORMED, EXCEPT IN AN EXTREME EMERGENCY, WITHOUT MAKING REASONABLE EFFORT FOR PARENTS OR GUARDIANS BEING CONTACTED AND FULLY INFORMED.**

PARENT/GUARDIAN SIGNATURE REQUIRED.

I give permission for the above such medical operative procedures as may be deemed necessary for my son, _____, who is a student at St. John Vianney High School. This permit shall continue in full force and effect until revoked in writing delivered to the Athletic Office of St. John Vianney High School.

Parent/Guardian Signature: _____

Relationship: _____ Date: _____