ARCHDIOCESE OF MILWAUKEE

Student Athlete - Medical Information & Emergency Consent Form

Participant's Name _____

Address _____

City _____ Zip _____ Phone _____

Parent / Legal Guardian _____

Address _____

Employer _____

Home Phone _____ Work Phone _____

Other Emergency Contact Person _____ Phone _____

MEDICAL INFORMATION:

Family Physician: _____ Phone _____

Group / Address _____

Hospital of preference: _____

Insurance Info: Subscriber: _____ Group #: _____

Policy #: _____ Company: _____

Pre-existing Medical Conditions: _____

_____

I authorize the coaching staff to provide emergency medical treatment of an injury to or illness by my child if qualified medical personnel consider treatment necessary. I further authorize any qualified, liceensed physician to render medical treatment wich in his or her judgement may be deemed necessary in the care of (child's name) _____

_____ _____
Parent / Legal Guardian Date

_____ _____
Parent / Legal Guardian Date