



Northwoods Catholic School Knights Athletics 2011 - 2012 Emergency Information Form

Student Emergency Contact Information

_____ Student's Name		_____ Address		_____ Home Phone	
_____ Father / Male Guardian's Name		_____ Mother / Female Guardian's Name			
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone		

Alternative Emergency Contacts / Additional Emergency Information

IF PARENTS CANNOT BE REACHED IN CASE OF EMERGENCY, PLEASE NOTIFY:

_____ Primary Emergency Contact		_____ Secondary Emergency Contact	
_____ Relationship to Student		_____ Relationship to Student	
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone

Please complete fully the information requested. Incomplete information may hinder treatment when participating in an athletic activity.

_____ Medical / Accident Insurance Company Name		_____ Name of Insured		_____ Policy Number	
_____ Allergies / Special Health Considerations					
_____ Student's Physician		_____ Office Phone		_____ Hospital/Clinic Preference	
_____ Address		_____ Contact Phone			
_____ City, ST ZIP Code		_____ Address			
_____ Student's Dentist		_____ Address		_____ City, ST ZIP Code	
				_____ Office Phone	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

_____ Parent's/Guardian's Signature		_____ Date	
_____ Parent's/Guardian's Signature		_____ Date	