

St. Alphonsus-St. Patrick Athletic Association Emergency Care Sheet

Please complete a form for every child who participates.

Child's Name _____ Sex _____ Grade _____

Address _____ Town _____

Zip _____ Phone _____

Email address _____

Any specific medical conditions or allergies? _____

Primary Emergency Contact: _____ Cell _____

Secondary Emergency Contact: _____ Cell: _____

Family Physician: _____ Phone Number: _____

Insurance Carrier: _____ Policy Holder: _____

Parents and/or guardians must recognize that athletics require physical fitness and many medical conditions may reduce or prohibit one's participation in such activities. Students must be physically capable of participation in all chosen sports and be cleared to do so by their physician.

No School personnel (including coaches) will administer, or supervise the administration of, any medication to participants. It is the responsibility of parents and/or guardians to ensure that their child(ren) are properly medicated and have all the appropriate safety equipment required for the activity. Any child not having such equipment will be prohibited from participating.

In the event of any medical emergency, I authorize School officials to secure from any hospital, physician, and/or medical personnel any treatment deemed necessary for my child's immediate care.

Parent/Guardian Name

Parent/Guardian Signature

Date