

**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, licensed physician to render medical treatment which in his or her judgement may be deemed necessary in the care of (child's name)

Parent / Legal Guardian Signature \_\_\_\_\_

Parent / Legal Guardian Date \_\_\_\_\_