

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 _____