

Aquinas High School Athletic Emergency Information

Name _____ Grade _____ DOB _____
Last First Middle Initial

Parent/Guardian Name (s) _____

Address _____ Home Phone # _____

Cell Ph.# _____ Work Phone: Mother _____ Father _____

Allergies/Medications: _____

Persons to call if parent/guardian cannot be reached: _____

Home Ph. # _____ Work Ph. # _____ Cell Ph. # _____

Name of Insurance _____ Policy # _____

Subscriber/Insured Name _____

Hospital Preference: _____ Family Dentist: _____

Do we have permission to take your child to any hospital or available physician? Yes No

I hereby give my permission to the team coach(es), certified athletic trainer(s) to provide first aid and medical services as needed to my child.

Parent/Guardian Signature _____ **Date** _____