

**EMERGENCY INFORMATION  
ST. CATHERINE SCHOOL ATHLETICS**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Student Date of Birth \_\_\_\_\_

Parent Information:

Father's Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In the event of apparent serious illness or accident when I (the parent) cannot be reached, contact one of the following by telephone. They are authorized to act in my absence and will be informed that their names have been used on this card. (Please do not list mother or father, list people nearby who can be reached quickly).

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Other information:

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

The following information will aid in safe, immediate care by medical personnel:

Date of last tetanus immunization \_\_\_\_\_

Known allergies to medications \_\_\_\_\_

Any known health conditions \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_