



Athletics Department

ATHLETE EMERGENCY TREATMENT FORM

Name: _____ DOB: _____ Age: _____

Gender: _____ Weight: _____ Height: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Father's Name: _____ Phone Number: _____

Mother's Name: _____ Phone Number: _____

In the event that the parents cannot be reached, list the closest living relatives or other emergency contacts:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Personal Physician: _____ Phone: _____

Insurance Provider: _____ Policy Number: _____

Address: _____ Phone Number: _____

Personal Dentist: _____ Phone: _____

Insurance Provider: _____ Policy Number: _____

Address: _____ Phone Number: _____

List any allergies, previous injuries, current medications, or other medical information:

I/We hereby give Notre Dame High School, the Athletic Director, coaches, or school staff permission for emergency treatment and also permission to transport to a medical facility or to call emergency transportation (911) in the event of an injury, illness, or other medical emergency for the above named athlete.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____