

Emergency Form
St. Anne Track 2010

Child's Name _____ Home Phone _____

Address _____ City _____ Zip _____

Mother _____ Father _____

Business Phone _____ Business Phone _____

Cell Phone _____ Cell Phone _____

Health Insurance _____ Policy # _____

Doctor _____ Doctor Phone _____

Preferred Hospital _____

Known Injuries or Ailments (asthma, heart murmur, diabetes, previous break or sprain, etc.) For diabetics, please specify Type I or Type II and any treatment regimen.

1. _____
2. _____
3. _____

Known Restrictions _____

Known Allergies (Aspirin, Penicillin, dairy, peanut, bee stings, etc.) Please provide medication such as inhalers, bee sting kits if necessary. Please provide permission to administer treatment if necessary.

1. _____
2. _____
3. _____

In cases of accident or injury, I hereby give St. Anne coaches permission to treat any minor injury such as cuts, sprains, strains, or apply ice and bandages as needed. For more serious injuries where calling 911 is warranted, I hereby give St. Anne coaches permission to treat and transport my child to the nearest hospital for medical attention. Medical information is provided above.

Mother _____ Date _____

Father _____ Date _____

St. Anne Coaches agree to treat injuries as required, contact 911 when appropriate, contact the parents to discuss injury and treatment, contact the Athletic Director and Pastor to notify school authorities, and write up a CYO Accident Report for each incident as specified in the CYO Coaches Information Packet.

Head Coach _____ Date _____

Assistant Coaches _____ Date _____