

FATHER ALLOUEZ CATHOLIC SCHOOL ATHLETICS
***** EMERGENCY FORM *****

Athlete's Full Name _____ Date of Birth _____

Father's (Guardian's) Full Name _____

Mother's (Guardian's) Full Name _____

Address _____

Home Phone Number(s) _____

Work Phone Number(s) _____

.....
As a parent/guardian of _____, I give my CONSENT to have Father Allouez Catholic School Coach (es) to use first aid creams, anti-bacterial ointments, cleaning solutions, tape, bandaids, or other supplies to clean out and dress a wound.

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Hospital Preference (if in Green Bay) _____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

Known Allergies to any Drugs or Medications _____

Insurance Company and Any Pertinent Numbers _____

SIGNED _____ DATE _____