

# St Agnes Sports Emergency/Medical Information



2010-2011 sports season\*

Child's name:	
Age:	
Date of birth:	

Medical conditions:	
Allergies:	
Current medications:	

Insurance Carrier:	
Family doctor:	
Doctor's phone:	

Parent's/guardian's name:	
Home phone:	
Work phone:	
Cell phone:	
Alternate contact's name:	
Home phone:	
Work phone:	
Cell phone:	
Alternate contact's name:	
Home phone:	
Work phone:	
Cell phone:	

<b>Health Notes:</b>		
Home Address:	email address:	
City:	State:	Zip Code:
MEDICATIONS:		
LAST TETANUS SHOT:		
<b>ALLERGIES:</b>		
FOODS:	ANIMALS/BEE STINGS:	
ASTHMA:	EXERCISED INDUCED:	INHALER:
DIABETES:	EPILEPSY:	HEART DISEASE
A.D.D./A.D.H.D.:	MEDICATION:	
VISION:	CONTACTS:	GLASSES
OTHER:		
I GIVE PERMISSION FOR MY CHILD TO BE TREATED OR TRANSPORTED BY MEDICAL OR EMERGENCY PERSONNEL IF NEEDED: _____		
<b>PARENTS SIGNATURE:</b>	<b>Circle: Yes</b>	<b>No</b>

*\*A new Emergency Contact sheet must be submitted yearly, and every time information changes.\**

Revised: July 29, 2010 - Supercedes July 12, 2010