

Holy Trinity Athletic Emergency Form

In case of an emergency away from school property, please fill out the following information:
(Please Print)

Student Name _____ Grade _____ Date of Birth _____

Contact information:

Parent 1: Name _____

Work _____

Cell _____

Home _____

Parent 2: Name: _____

Work _____

Cell _____

Home _____

Relative or family friend in case parents can not be reached:

Name: _____

Work _____

Cell _____

Home _____

Allergies _____

(food, medication, insects, or uses Epi-Pen)

Does your child take medication(s) on a regular basis? Y N

If yes, please provide name of medication(s) _____

Other Conditions _____

(Asthma, Cerebral Palsy, Cystic Fibrosis, Diabetes, Heart Condition, Hemophilia, Seizures/
Epilepsy or other)

Remember to update this information when changes occur.

NO medication (prescription and non-prescription, including Tylenol, cough drops, etc.) will be administered in School or during school-sponsored activities unless the school has the Parent's Request to Administer Medication at School and Physician's Order Forms on file.

In case of an accident or serious illness, I understand that the school/coach will try to contact me. If the school is unable to reach me or the person listed above, I hereby authorize the school/coach to tend to my child by providing first aid and/or calling 911.

Signature of parent or guardian _____ **Date** _____