

**ARCHDIOCESE OF MILWAUKEE**

**Student Athlete - Medical Information & Emergency Consent Form**

Participant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent / Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Other Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL INFORMATION:**

Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Group / Address \_\_\_\_\_

Hospital of preference: \_\_\_\_\_

Insurance Info: Subscriber: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Company: \_\_\_\_\_

Pre-existing Medical Conditions: \_\_\_\_\_

I authorize the coaching staff to provide emergency medical treatment of an injury to or illness by my child if qualified medical personnel consider treatment necessary. I further authorize any qualified, licensed physician to render medical treatment which in his or her judgement may be deemed necessary in the care of (child's name) \_\_\_\_\_

\_\_\_\_\_  
Parent / Legal Guardian Date

\_\_\_\_\_  
Parent / Legal Guardian Date