

# NOTRE DAME JR / SR HIGH SCHOOL MEDICAL CARD /CONSENT FORM

ATHLETE'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

SPORT PLAYING : \_\_\_\_\_ CIRCLE LEVEL: *MODIFIED / JV / VARSITY*

D-O-B: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

PARENT(S): \_\_\_\_\_

CONTACT PHONE #'S:

NAME: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

NAME: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK : \_\_\_\_\_

EMERGENCY CONTACT ( in event parents can't be reached):

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE #'S: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ HOSPITAL AFFILIATION: \_\_\_\_\_

HEALTH CONCERNS/ALLERGIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PARENT(S) INSURANCE CARRIER: \_\_\_\_\_

**PARENT PERMISSION/STUDENT AGREEMENT:**

*Our signatures indicate:*

- Permission to try out for and participate in interscholastic athletics.
- Awareness that this form will be sent to Coach and Athletic Director
- The athlete and/or parent is responsible for notifying coach, AD, and/or School Health office at time of injury.

PERMISSION FOR EMERGENCY MEDICAL TREATMENT: In the event of a medical emergency, every effort will be made to contact the parent/guardian to authorize medical treatment/hospitalization. I hereby grant permission for a physician or hospital personnel designated by Notre Dame to attend my son/daughter if I cannot be contacted (Insurance carrier listed above).

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_