

**FATHER McGIVNEY ATHLETIC DEPARTMENT
EMERGENCY INFORMATION AND PARENT CONSENT**

Name _____ Birthdate _____ Age _____

Parent's Name _____ Home Phone _____

Address _____ City _____ Grade _____

Day Phone of Parents: Father _____ Mother _____

In an emergency, if the parents cannot be reached, notify:

_____ Phone _____

Family Doctor _____ Phone _____

Known Allergies _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the above-named student. If there is an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If the physician is not able to communicate with me, the treatment necessary for the best interest of the above-named student may be given.

Permission is also granted to the Certified Athletic Trainer to provide the needed emergency treatment prior to the student's admission to the medical facilities.

Parent Signature _____ Date _____

List any other health problems: