

# NOTRE DAME HIGH SCHOOL MEDICAL CARD /CONSENT FORM

ATHLETE: \_\_\_\_\_

MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_ AGE: \_\_\_\_\_ D-O-B: \_\_\_\_\_

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

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

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

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

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

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

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

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

DOCTOR: \_\_\_\_\_ PHONE #: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

## SECTION II 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 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: \_\_\_\_\_

(OVER)