



## EMERGENCY CONTACT INFORMATION FORM

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ YOG: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

***In the event that a parent/guardian can not be reached in an emergency, please list two other people whom the school can contact on your behalf.***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other #: \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone: \_\_\_\_\_

### Brief Medical History:

( ) Asthma ( ) Seizures ( ) Diabetes ( ) Allergies \_\_\_\_\_

( ) Other \_\_\_\_\_ Current Medications: \_\_\_\_\_

All information is confidential and will be kept in the Health Suite or copied for use by the Athletic Department. Emergency contact information only will be placed in the school database.

I give The Catholic High School of Baltimore permission to contact the persons on this form as deemed necessary for the health and safety of my daughter. I also give permission for The Catholic High School to call an ambulance in an emergency.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_