

**Monsignor Bonner High School
EMERGENCY INFORMATION**

Please Print

NAME _____ DATE OF BIRTH _____ AGE _____

PARENTS' (GUARDIAN'S) NAME _____ HOME TELEPHONE _____

ADDRESS _____ GRADE _____

PHONE NO. OF PARENT DURING DAY: FATHER _____ MOTHER _____

IN AN EMERGENCY, IF PARENTS CANNOT BE CONTACTED:

NOTIFY _____ AT _____

FAMILY DOCTOR _____ DOCTOR'S PHONE _____
(Name) (Telephone Number)

KNOWN ALLERGIES _____

The team physician/trainer and coach may apply first aid treatment until the family doctor can be contacted. YES _____ NO _____

We give our consent for coaches and team physician to use their judgment in securing medical aid and ambulance service in case parents cannot be reached. YES _____ NO _____

We give our consent for emergency room hospital personnel to use their judgment in beginning emergency treatment in case parents cannot be reached. YES _____ NO _____

DATE _____

Parent's Signature

THIS FORM MUST BE AVAILABLE AT ALL PRACTICES AND GAMES.