

Nazareth Academy Emergency Form for Athletes

- Emergency form /authorization for each athlete must accompany the athlete at all times.
- The form for each athlete will be carried in the pocket of the medical kit.
- The form for each athlete will be readily available to the coach, athletic trainer or emergency personnel.

Please complete the information below prior to participation in each sport's season:

Sports Team: \_\_\_\_\_ Grade: \_\_\_\_\_

Athlete's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Street: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

In case of accident or emergency, please contact:

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

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Alternate emergency contact:

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

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Pre-existing Medical Conditions: \_\_\_\_\_

Medications being used: \_\_\_\_\_

Allergies: \_\_\_\_\_ Date of Tetanus Shot: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Identification #: \_\_\_\_\_ Group #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Ph. #: \_\_\_\_\_

As a parent or guardian, I give permission for my daughter to travel on a bus with the sport indicated above and waive the school of responsibility in the event of an accident, injury or death.

\_\_\_\_\_  
Parent or Guardian's Signature Date

I authorize the treatment of my daughter by a qualified and licensed medical physician in the event of a medical emergency, which in the opinion of the attending physician, may endanger her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

\_\_\_\_\_  
Parent or Guardian's Signature Date

The athletic trainer or coaches have my permission to administer the following medications, as needed:

Ibuprofen (Advil)	yes ___ no ___	Acetaminophen (Tylenol)	yes ___ no ___
Antibiotic Ointment	yes ___ no ___	Cortisone Cream	yes ___ no ___
Tums	yes ___ no ___	Diphenhydramine (Benadryl)	yes ___ no ___

\_\_\_\_\_  
Parent or Guardian's Signature Date