

INFORMATION CARD

Student Name _____ **DOB:** _____ **Grade** _____

Address _____

Parent Name(s) _____

Home Phone _____ **Cell 1** _____ **Cell 2** _____

E-mail Addresses _____

Family Physician _____ **Phone #** _____

Hospital Preference _____

Insurance Info _____

Please list any physical condition that we as coaches should be aware of:

Please list person(s) who will pick your child up from practice:

In case of an accident or serious illness and parent(s) cannot be reached, I/We hereby authorize the coach to make whatever arrangements seem necessary.

It is understood and agreed that neither the school, the coach, nor the Catholic Diocese of Evansville is the insurer of my child's health and safety while they are engaged in an extracurricular/athletic activity. I understand it to be my obligation to provide such insurance, as I may desire to protect my child against the costs of sickness or injury.

If the above named child needs emergency medical treatment and neither the parent nor the designated family physician can be reached, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

Parent Signature _____ **Date** _____