



## EMERGENCY INFORMATION FORM

*Please print or type:*

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

Parent/Guardian (female) \_\_\_\_\_

Home phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Work phone \_\_\_\_\_

Parent/Guardian (male) \_\_\_\_\_

Home phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Work phone \_\_\_\_\_

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

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

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

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

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

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

Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Brief Medical History:

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

( ) Other \_\_\_\_\_ Current Medicines \_\_\_\_\_

All information is confidential and will be kept in the Health Center 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 of Baltimore to call an ambulance in an emergency.

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

*A Quality College Preparatory Education in the Franciscan Tradition*

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