



**Mother Teresa**  
Regional School

# Athletic Emergency Form

Reach Higher

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

List two people to contact in case of emergency:

Parent/Guardian name \_\_\_\_\_

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

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

Cell phone \_\_\_\_\_

Address \_\_\_\_\_

Second Contact \_\_\_\_\_

Relationship to athlete \_\_\_\_\_

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

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

Cell phone \_\_\_\_\_

Address \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_

Physician's name \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

## IMPORTANT

Are you allergic to any drugs? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

Do you have any other allergies? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

Do you have asthma, diabetes or epilepsy? Circle any that apply.

Are you on any medication? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

Do you wear contacts? \_\_\_\_\_

Please list any other medical information or condition you would like us to be aware of:

\_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_