

MOTHER MCAULEY LIBERAL ARTS HIGH SCHOOL

EMERGENCY TREATMENT AUTHORIZATION CARD

ATHLETE'S NAME _____ SPORT _____ FR JV V

PARENT/GUARDIAN _____ DATE OF BIRTH _____

ADDRESS _____
(street) (city) (zip)

MOTHER HOME PHONE _____ WORK PHONE _____

CELL PHONE _____

FATHER HOME PHONE _____ WORK PHONE _____

CELL PHONE _____

ALTERNATE CONTACT _____

ALTERNATE PHONE _____

INSURANCE INFORMATION _____

I. D. GROUP NUMBER _____

HOSPITAL PREFERENCE _____

ALLERGIES / EXISTING HEALTH CONDITIONS / CURRENT MEDICATIONS

EMERGENCY TREATMENT

Please accept this form as my authorization to render first aid and emergency transport for the above said student for any injury or illness that may occur during the school day or while participating in school related activities.

NOTE: The school does not assume financial responsibility for emergency transport or medical treatment. Twenty-four hour supplementary insurance is available on request.

Parent's Signature _____ Date _____

Please have your daughter bring this form on the first day of tryouts. This form must be completed and returned before an athlete try's out for an athletic team.