



**Home Phone** \_\_\_\_\_ **Age** \_\_\_\_\_ **SS #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Sport(s):** \_\_\_\_\_

Primary Physician Name \_\_\_\_\_ Phone: \_\_\_\_\_  
 office cell

Preferred Medical Facility \_\_\_\_\_

Health Insurance Co./Address: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insurance Co. Phone # \_\_\_\_\_ Alternate # \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## Medical Information

Current Medical Conditions (i.e. chronic illness, asthma, diabetes, etc.)

Previous medical injury or illnesses (ex. Organs: heart, lungs, etc. Conditions such as asthma, heart problems, concussions, seizures, etc.)

Daily medication that your child takes that school should know about:

Is your child allergic to any medication? ☐ Yes ☐ No Please name medications:

Allergies (food/environmental) and describe any required action:

**If there is any medication that MUST be given during school hours, please see the principal for appropriate forms and procedures.**

If, in the judgment of any representative of the school, emergency treatment is required, I/we authorize the school authorities to follow city or area EMS regulation in caring for my child. By signing this form, I/we request, authorize, and consent to such care and treatment as may be give to said student by any physician, trainer, nurse, hospital, or school representative: and do hereby agree to indemnity and save harmless St. Dominic Savio Catholic High School (SDSCHS), SDSCHS Board of Directors and Advisors, administration, faculty, staff, and the Catholic Diocese of Austin from any and all liability arising to my child as a result of an emergency. SDSCHS does not assume financial obligation, but does wish to provide the best service possible in case of an emergency.

Please Print Father's/Guardian Full Name

Father's/Guardian's Signature

Date

Please Print Mother's/Guardian Full Name

Mother's/Guardian's Signature

Date