

Villa Maria Academy Emergency Form for Athletes

- Emergency form /authorization for each athlete must accompany the athlete at all times.
- The form for each athlete will be carried in the pocket of the medical kit.
- The form for each athlete will be readily available to the coach, athletic trainer or emergency personnel.

Please complete the information below prior to participation in each sport's season:

Sports Team: _____ Grade: _____

Athlete's Name: _____ Telephone #: _____

Street: _____ City/State: _____ Zip Code: _____

In case of accident or emergency, please contact:

Name: _____ Relationship: _____

Telephone: (H) _____ (W) _____ (C) _____

Alternate emergency contact:

Name: _____ Relationship: _____

Telephone: (H) _____ (W) _____ (C) _____

Pre-existing Medical Conditions: _____

Medications being used: _____

Allergies: _____ Date of Tetanus Shot: _____

Insurance Company: _____

Identification #: _____ Group #: _____

Family Physician: _____ Ph. #: _____

As a parent or guardian, I give permission for my daughter to travel on a bus with the sport indicated above and waive the school of responsibility in the event of an accident, injury or death.

Parent or Guardian's Signature

Date

I authorize the treatment of my daughter by a qualified and licensed medical physician in the event of a medical emergency, which in the opinion of the attending physician, may endanger her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Parent or Guardian's Signature

Date

The athletic trainer or coaches have my permission to administer the following medications, as needed:

Ibuprofen (Advil) yes ___ no ___ Acetaminophen (Tylenol) yes ___ no ___

Antibiotic Ointment yes ___ no ___ Cortisone Cream yes ___ no ___

Tums yes ___ no ___ Diphenhydramine (Benadryl) yes ___ no ___

Parent or Guardian's Signature

Date