

St. Clement's Athletic Emergency Form

Name of Athlete _____

Address _____

DOB _____ Home Phone _____

Father's Name _____ Cell Phone _____

Mother's Name _____ Cell Phone _____

Allergies _____ Medications _____

Other Health Problems _____

Insurance Type (check one) Personal _____ Military _____ School _____ None _____

Insurance Company _____ Policy Number _____

Medical Doctor and phone number _____