



Emergency Information and Insurance

Student's Legal Name: _____

Age: _____ DOB: _____ Sex: M F School Year: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone : _____ Daytime Phone : _____

Father's Mobile Phone: _____ Mother's Mobile Phone: _____

List two (2) persons other than parents to contact in case of emergency:

Contact Name: _____ Contact Phone: _____

Contact Name: _____ Contact Phone: _____

Physicians Name: _____ Physicians Phone: _____

Medical Insurance Carrier: _____ Policy Number: _____

Please answer the following questions regarding the student. IS THE STUDENT / OR DOES THE STUDENT HAVE:

Allergic to any medications? Y N If yes, please list: _____

Other allergies (insects, foods, etc...)? Y N If yes, please list: _____

Currently taking medications? Y N If yes, please list: _____

Ever had head injury or concussion? Y N If yes, please month & year: _____

Contact lens? Y N Asthma? Y N Diabetes? Y N Epilepsy? Y N

Other Condition or pre-existing injury? Y N Please specify: _____

Please list any non-prescription medication the student has permission to take: _____

In case of emergency, I give permission for my child to be administered medical help. I, the above named parent/legal guardian, assume any expenses for liability not covered by the above mentioned insurance coverage. I also accept full responsibility for all medical and other related expenses. I hereby waive the Catholic Diocese of Biloxi, Saint Patrick Catholic High School, and their agents or assigns of responsibility for such injury or expenses and waive any and all claims which may arise against them. I realize that participating in organized interscholastic activities involves the potential for injury which is inherent in sports, sometimes severe enough to result in disability or death. I understand that Saint Patrick Catholic High School may provide insurance coverage for all athletes. This coverage is secondary to families that have primary family insurance coverage. If a family does not have a primary coverage, Saint Patrick Catholic High School's insurance coverage will be considered the primary coverage. All injuries of any nature must be reported to the coach/sponsor, parents, and the doctor of the student who is injured.

____ I have primary insurance coverage with the company listed above and as a result the Saint Patrick Catholic High School coverage will be a secondary coverage.

____ I shall participate in the Saint Patrick Catholic High School insurance coverage as a primary coverage for school related accidents or injuries.

Signature of Parent or Legal Guardian

Printed Name

Date