

**GONZAGA PREPARATORY SCHOOL STUDENT-ATHLETE EMERGENCY
INFORMATION/RELEASE**

Student's Name _____ Grade _____

Birthday _____ SSN _____

Please list primary emergency contact:

Name _____ Relationship _____

Preferred Phone _____ Other Phone _____

Please indicate work/home/cell

Please indicate work/home/cell

Please list secondary emergency contact:

Name _____ Relationship _____

Preferred Phone _____ Other Phone _____

Please indicate work/home/cell

Please indicate work/home/cell

Please list any allergies to food/medications etc. _____

Please list any medications student is currently taking: _____

Please list any medical conditions student has (diabetes, asthma, migraines, etc)

INSURANCE COMPANY: _____ POLICY NUMBER _____

POLICY HOLDER'S NAME: _____ PREFERRED HOSPITAL _____

I understand that my child cannot participate in boys' or girls' interschool athletics unless he/she is covered by the School Accident Coverage Plan or other health care insurance. The insurance company listed above covers my child and I will continue to keep it in force throughout the sports season. I give my permission for my child to receive emergency treatment of an injury by any physician designated by a school official. I accept full responsibility for the cost of treatment for any injury that he/she may suffer while taking part in the program. Please permit him/her to take part in athletics and sports days. I understand that my child must have a current physical examination form on file in the activities coordinator's office in order to practice or compete.

Signing this document verifies accurate information and consent to the Emergency Release, as well as having read the Athletic Code/Contract for your son/daughter sport(s).

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____