



Student-Athlete Emergency Form



Name: _____

Address: _____ City: _____ Zip: _____

Grade: _____ DOB _____ Home Phone: _____

Father: _____ Work Phone: _____ Cell Phone: _____

Mother: _____ Work Phone: _____ Cell Phone: _____

Physician: _____ Office: _____

Dentist: _____ Office: _____

SIGNIFICANT MEDICAL FACTS OR ALLERGIES KNOWN REGARDING THIS STUDENT:

TO PARENTS OR GUARDIANS:

The law requires that parental permission be obtained for certain medical and operative procedures on minors. The following consent form should be signed by the parents or guardians so that emergency medical procedures may be promptly carried out and so that no unnecessary delays will occur with less urgent medical and operative procedures or situations which may occur or exist. **HOWEVER, NO OPERATION OTHER THAN MINOR SURGERY WILL BE PERFORMED, EXCEPT IN AN EXTREME EMERGENCY, WITHOUT MAKING REASONABLE EFFORT FOR PARENTS OR GUARDIANS BEING CONTACTED AND FULLY INFORMED.**

PARENT/GUARDIAN SIGNATURE REQUIRED. Please choose treatment option.

I give permission for the above such medical operative procedures as may be deemed necessary for my son, _____, who is a student at Christian Brothers College High School. This permit shall continue in full force and effect until revoked in writing delivered to the Business Office of Christian Brothers College High School.

(Signed) _____

Relationship: _____ Date: _____

OR

If injured or ill, my son is **NOT** to receive medical treatment until I have given my express consent.

(Signed) _____

Relationship: _____ Date: _____