

**EMERGENCY INFORMATION SHEET**

**Athlete's Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Home Phone Number:** \_\_\_\_\_  
**Parent's/Guardian's Name:** \_\_\_\_\_  
**Work Phone Number:** \_\_\_\_\_  
**Cell Phone Number:** \_\_\_\_\_  
**Alternate Contact Person:** \_\_\_\_\_  
**(in case of emergency)** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**Medical Insurance Verification**

\_\_\_\_\_, the daughter of \_\_\_\_\_ is covered  
**(Student's Name)** **(Parent/guardian's name)**  
 by medical insurance with \_\_\_\_\_.  
**Policy Number:** \_\_\_\_\_  
**Policy Holder:** \_\_\_\_\_

The aforementioned insurance company will be responsible for medical or surgical expenses resulting from any injury, major or minor, incurred by the student named above during any practice or athletic contest sponsored by Maryvale Preparatory School. In conjunction, the student shall also be covered by the aforementioned company for any injury that may occur while traveling to or from practice and athletic contests.

Therefore, we, the parents/guardians of the student named above, agree to release Maryvale Preparatory School, or any part thereof, from any obligation as it pertains to the financial responsibility in these matters for the 2019-2020 school year or any period thereafter.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* \* \* \* \*

**EMERGENCY MEDICAL TREATMENT PERMISSION FORM**

I hereby authorize Maryvale Preparatory School to obtain, through a physician/hospital of its choice, any emergency care that may become reasonably necessary for the athlete in the course of athletic activities or travel. I guarantee payment for all medical services incurred by either the insurance company listed above or myself.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_