



OUR LADY OF LOURDES CATHOLIC SCHOOL ATHLETICS
***** EMERGENCY MEDICAL FORM *****

Athlete's Full Name _____ Date of Birth _____

Participating Sports ___ Volleyball ___ Soccer ___ Flag Football ___ Basketball ___ Track ___
 Tennis

Father's (Guardian's) Full Name _____

Mother's (Guardian's) Full Name _____

Address _____

Home Phone Number(s) _____

Work Phone Number(s) _____

As a parent/guardian of _____, I give my CONSENT to have Our Lady of Lourdes Catholic School Coach(es) to use first aid creams, anti-bacterial ointments, cleaning solutions, tape, band-aids, or other supplies to clean out and dress a wound.

Hospital Preference _____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

Known Allergies to any Drugs or Medications _____

Insurance Company and Any Pertinent Numbers _____

SIGNED _____ DATE _____

**PLEASE RETURN THIS FORM TO YOUR COACH
 AT THE FIRST PRACTICE.**

Athletes will not be able to practice until this is turned in.
 Only need to fill this form out one time if athlete is participating in multiple sports.