



## The de Paul School

### 2019-2020 Athletics Emergency Treatment Authorization form

#### Student Information

Team: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### Parent/Guardian Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Family Physician or Pediatrician

Name: \_\_\_\_\_

Practice: \_\_\_\_\_

Phone: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

#### Insurance Information

Do you have insurance?  Yes  No

Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

**Notice to all parents/guardians: Prior to participation in any physical activity, players should be seen by their family physician. The de Paul School requires your permission to treat your student in cases of emergency during practice or competitions.**

**The de Paul School has my permission to treat the child listed in case of emergency.**

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

Date: \_\_\_\_\_