

ARCHBISHOP WOOD EMERGENCY MEDICAL FORM

Please fill out and return to Head Coach before the first practice

Player Name: _____ DOB: _____

Address: _____

Grade: _____ Student #: _____

Home Phone #: _____

Father's name: _____ Mother's name: _____

Work #: _____ Work #: _____

Cell #: _____ Cell #: _____

Doctors Name: _____ Phone #: _____

Dentist Name: _____ Phone #: _____

Health Insurance Provider and Policy # _____

I/we the parent(s) or guardians of the player named above give my approval for his/her participation in any and all activities of the Archbishop Wood Athletic program during the current _____ season. I/we do further hereby release, absolve and hold blameless Archbishop Wood High School, its administrators and staff, the organizers, sponsors, supervisors, coaches and drivers of any and all the organizations and programs in case of injury to my son/daughter. I/we hereby waive all claims against the staff, organizers, sponsors, supervisors, coaches, and drivers or anyone appointed by them. I/we assume all responsibility for all medical payments not covered by the school insurance. I authorize any Archbishop Wood High School representative to seek any medical care deemed necessary.

Signature(s): _____ Date: _____

Father/ Mother/ Parent or Guardian

Please List any Medical Concerns: