

NOTRE DAME ACADEMY  
*Athletic Department*

Emergency Information and Medical Release

Our permission is hereby given to the school representative of Notre Dame Academy to authorize, by his/her signature, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency involving the student listed immediately below.

***PLEASE PRINT***

STUDENT \_\_\_\_\_ AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP \_\_\_\_\_ CELL \_\_\_\_\_  
EMPLOYER (Father) \_\_\_\_\_ PHONE \_\_\_\_\_  
EMPLOYER (Mother) \_\_\_\_\_ PHONE \_\_\_\_\_

In an emergency, if the parents cannot be reached, notify:

\_\_\_\_\_ PHONE \_\_\_\_\_

Doctor's Name \_\_\_\_\_ PHONE \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Known Allergies \_\_\_\_\_

Does student have any injury or physical condition that should be watched?

YES \_\_\_\_\_ NO \_\_\_\_\_ Please explain: \_\_\_\_\_

If this document is signed only by one parent or guardian, such parent or guardian represents that he/she, if parent, is either a single parent or is authorized to give the permission on behalf of both parents, or, if guardian, is appointed guardian of the student.

Parent / Guardian Signature \_\_\_\_\_ DATE \_\_\_\_\_

Print Name \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ DATE \_\_\_\_\_

Print Name \_\_\_\_\_