

NOTRE DAME MIDDLE SCHOOL ATHLETIC DEPARTMENT
***** In Case of Emergency *****

E-MAIL CONTACT _____

Athlete's Full Name _____

Date of Birth _____

Father's (Guardian's) Full Name _____ Phone Number _____

Mother's (Guardian's) Full Name _____ Phone Number _____

Address _____

As a parent/guardian of _____, I give my CONSENT to have Notre Dame

Coach (es) to use first aid creams, anti-bacterial ointments, cleaning solutions, tape, bandaids, or other supplies to clean out and dress a wound.

Hospital Preference (if in Green Bay)

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 THE ATHLETIC DIRECTOR**