

ST. XAVIER JR/SR HIGH SCHOOL
EMERGENCY MEDICAL-INSURANCE INFORMATION
ACTIVITIES PARTICIPATION

STUDENT'S NAME _____ S.S. # _____

Birth Date _____ Age _____ Sex _____ Grade Classification 6 7 8 9 10 11 12

I, being the parent/guardian of the above named student, agree to permit this student to engage in extracurricular activities at St. Xavier Jr./Sr. High School. I give permission to authorized school representatives to act in my absence to authorize members of the medical profession to treat injuries incurred in activities sponsored by St. Xavier Jr./Sr. High School.

I shall assume all medical payments and recognize that St. Xavier Jr./Sr. High School and it's school representatives shall not be held liable for any medical payments.

Parent/Guardian _____ Date _____

Address _____
Street, RR, Box City State Zip Code

Home Phone _____ Work Phone _____ Cell Phone _____

Name of Health Insurance Company _____

Policy Number of Insurance _____

IN CASE OF EMERGENCY CONTACT:

Name _____ Relationship _____

Address _____
Street, RR, Box City State Zip Code

Home Phone _____ Work Phone _____ Cell Phone _____

This form has been completed to the best of my knowledge.

Your signature below acknowledges the above statements.

Student-Athlete Signature

Date

Parent or Legal Guardian Signature

Date