St. Mark Catholic Parish School

18033 15th Place Northeast-Shoreline, WA 98155

Athletic Emergency Form

SPORT:

☐ Soccer ☐ Cross Country ☐ Basketball ☐ Volleyball ☐ Track

PLAYER INFORMATION:

Name: _____ Address: _____

Home phone number: _____ Age: _____ School: _____

Date of Birth: _____ Father's Name: _____

Father's Business Phone: _____ Father Cell Phone: _____

Mother's Name: _____ Mother's Business Phone: _____

Mother's Cell Phone: _____

In case of emergency, if unable to contact parent/guardian, please notify:

Name: Phone:

Address: Hospital Preference:

Personal Physician: Phone:

Address:

In the event of injury to player stated above, I/we hearby authorize any representative of St. Mark Athletic Program to seek medical aid for said minor. If said minor is transported to a hospital, I/we hereby authorize permission for medical aid to be administered prior to my/our arrival at said hospital; if such medical aid should be for a life threatening situation.

Any known allergies and/or reactions to medications, please state:

Blood Type (If known):

Additional medical history (Information the staff should be aware of in case of emergency):

Date: Signature of Parent/Guardian:

This form must be present during all games and practices

For coaching staff only, fill in blanks as necessary.

Injuries incurred during practice of games

Date	Minor	Major	Practice	Game	Type of Injury	Medical Assistance	
	Please check					Yes	No
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	☐	☐	☐	☐		☐	☐
	☐	☐	☐	☐		☐	☐