

Saint Hubert Catholic High School

7320 Torresdale Avenue • Philadelphia, PA 19136-4198 • (215) 624-6840

** EMERGENCY INFORMATION FORM

** (PLEASE PRINT)

NAME _____ DATE OF BIRTH _____ AGE _____

PARENTS/GUARDIAN NAME _____ HOME PHONE # _____

ADDRESS _____ GRADE _____

PHONE # OF PARENT DURING DAY - FATHER _____ MOTHER _____

* IF PARENTS CANNOT BE CONTACTED-NOTIFY:

_____ AT _____
(name) (phone #)

FAMILY DOCTOR _____ PHONE # _____

FAMILY DENTIST _____ PHONE # _____

KNOWN ALLERGIES _____

PREFERRED HOSPITAL _____

OTHER PERTINENT MEDICAL INFORMATION _____

* The coach and or moderator may apply first aid treatment until the family doctor can be contacted. Yes _____ No _____

* We give our consent for coaches to use their own judgement in securing medical aid and ambulance service in case the parents cannot be reached. Yes _____ No _____

* We give our consent for emergency room hospital personnel to use their own judgement in beginning emergency treatment in case the parents cannot be reached.
Yes _____ No _____

_____, _____, _____, _____
(name sport/sports you will participate in)

Date _____, 19 _____, _____

Signature of Parent
or Guardian