



St Alphonsus Athletic Association

EMERGENCY INFORMATION FORM

Child's Full Name:	
Date of Birth:	
Parents or Guardians Names:	
Home Address:	
Home Ph. Number	
Cell Phone (mom)	Cell Phone (dad)
Emergency Contact (Name & Phone)	
Medical History (Diabetes, Epilepsy, Asthma, etc):	
Allergies (Including Medications):	
Medications currently taking:	

INSURANCE INFORMATION		
	<i>Father</i>	<i>Mother</i>
Parent Insurance		
Policy Holder:		
Employer:		
Insurance Company:		
Insurance Co. Address:		
Insurance Phone Number:		
Policy Number:		
Group Number:		
ID Number:		

In my absence, I give permission to have my child treated in case of emergency:

YES: _____

NO: _____

Parent Signature: _____

DATE: _____