St. Albans Country Day School

SPORTS/ACTIVITIES MEDICAL INFORMATION AND EMERGENCY CARE FORM 2020-2021

AUTHORIZATION FOR CONSENT OF TREATMENT OF MINOR

In the event of an accident, injury or other emergency, when a parent is not available, I hereby authorize a representative of St. Albans Country Day School to make such arrangements necessary for my child to receive medical or hospital care and transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as considered necessary. In the event said named physician is not available, I authorize such care and treatment to be rendered by any licensed physician or surgeon. I also understand that I shall be liable for all costs incurred as a result of such care and treatment.

MY CHILD IS ALLERGIC TO:

1	2		
3	4		
Signature of Parent or Guardian		Date	

I do not choose to sign the above statement. In the event of an accident or emergency, please:

Signature of Parent or Guardian	Date		
MEDICAL INSURANCE COVERING THE STUDENT:			
Name of Company:	Policy Number		
Parent/Guardian Initials for Specific Season: Fall	Winter	Spring	

PAROCHIAL ATHLETIC LEAGUE EMERGENCY CARD

Sport:	Grade:	Teacher:		
Student:		Home Phone:		
Father:		Mother:		
Father Work Ph:		Mother Work Ph:		
Father Cell Ph:		Mother Cell Ph:		
Father Email:		Mother Email:		
In case of emergency (when parents cannot be reached), please contact:				
Name/Relationship	Phone:			
Name/Relationship	Phone:			
Physician:		Phone:		
Hospital:				
Dentist:		Phone:		