

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