

FullMetal Falcons Team 4557 - Xavier High School - Contact and Medical Authorization

_____ Last Name	_____ First Name	_____ Grad Year	_____ ID#	_____ DOB	_____ Mobile Phone
_____ Legal Guardian Name (Last, First)		_____ Guardian Mobile Phone	_____ Student Email Address		

Parent/Guardian Contact Information

Parent / Guardian 1

Name _____
Relationship _____
Address _____
City/State/Zip _____
Mobile Phone _____
Place of Employment _____
Occupation _____
Work Phone _____
Email Address _____

Parent / Guardian 1

Name _____
Relationship _____
Address _____
City/State/Zip _____
Mobile Phone _____
Place of Employment _____
Occupation _____
Work Phone _____
Email Address _____

Emergency Contact

Name _____
Relationship _____
Address _____
City/State/Zip _____
Mobile Phone _____
Other Phone _____

NON Xavier Students:

School Name _____
Address _____
City/State/Zip _____

Allergies, health problems _____

Medications in use _____

Primary Physician _____ Phone _____

Medical Insurance Co. _____ Policy # _____

In the event of a serious accident or one which we feel should have immediate attention, do we have your permission to take your child to the local emergency room if we are unable to contact you?
YES NO

Do you give permission for emergency medical or surgical (stitches) treatment of your child? YES NO

Parent/Guardian Signature

Date

Valid Through

June 30, 2020