

## Sacred Heart Family Medical/Contact Form 2005-2006

Today's Date: \_\_\_\_\_

Family Last Name: \_\_\_\_\_

1. \_\_\_\_\_ (Student name) \_\_\_\_\_ (Age) \_\_\_\_\_ (Date of birth) \_\_\_\_\_ (Grade) Male Female  
(Circle one)  
Medical History (Allergies, Current Medications etc.):

2. \_\_\_\_\_ (Student name) \_\_\_\_\_ (Age) \_\_\_\_\_ (Date of birth) \_\_\_\_\_ (Grade) Male Female  
(Circle one)  
Medical History (Allergies, Current Medications etc.):

3. \_\_\_\_\_ (Student name) \_\_\_\_\_ (Age) \_\_\_\_\_ (Date of birth) \_\_\_\_\_ (Grade) Male Female  
(Circle one)  
Medical History (Allergies, Current Medications etc.):

### Contact Information

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_  
Father/Guardian Name Cell Work Phone

\_\_\_\_\_  
Mother/Guardian Name Cell Work Phone

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### Email

Preferred email address: \_\_\_\_\_ Home email: \_\_\_\_\_

\_\_\_\_\_  
Father/Guardian work email

\_\_\_\_\_  
Mother/Guardian work email

***Please make a copy of your completed form and return it to the school office by August 29. Please be sure to notify the office about any changes to the above information.***

***EVERY ATHLETE MUST HAVE A COMPLETED, CURRENT PARENT RELEASE FORM, EMERGENCY INFORMATION FORM, AND PHYSICIAN'S RELEASE FORM IN ORDER TO PRACTICE OR PLAY. THESE ARE ABSOLUTE DIOCESAN AND SCHOOL REGULATIONS AND THERE WILL BE NO EXCEPTIONS. Completed forms and payment must be turned in to the school office by August 29 in an envelope marked Athletics, or no later than the first practice if your child is to participate in his/her sport.***

***It would help us keep registration simpler for everyone if all forms and payments are returned early. However, payments may be made by the first practice, and Physician Release Forms (if current within one year) can be updated during the next checkup and returned to school as soon as possible.***