

**BISHOP MCGUINNESS CATHOLIC HIGH SCHOOL
MEDICAL EMERGENCY INFORMATION CARD
SCHOOL YEAR _____**

Student's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business Phone: _____ Other: _____

If unable to reach parent / guardian call: _____ Phone: _____

Relationship to Student: _____

2nd contact _____ Phone: _____ Relationship: _____

Allergic reactions: _____

Date of last tetanus/diphtheria immunization: _____

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Any physical limitations? (If yes, explain) _____

You should be aware of these special medical conditions and / or medical history of my child:

Hospital Preferred: _____ Closest OK: Yes _____ No _____

Physician: _____ Phone: _____

Health Plan Carrier: _____ Name of Insured: _____

Group # / Policy #: _____

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. Bishop McGuinness Catholic High School and/or the Archdiocese of OKC or its employees are not responsible for medical bills.

SIGNATURES

Parent / Guardian: _____ Date: _____

Student / Athlete: _____ Date: _____

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup etc) to be given to my child, if deemed appropriate.

Parent/Guardian Signature: _____ Date: _____