



St. James School Athletic Association Student Emergency Contact Form

Athlete's Emergency Information	
Athlete's Name:	Male Female
Date of Birth:	
Parent/Guardian's Name:	
Home Address:	
Home Telephone:	
Parent/Guardian Work Telephone:	
Alternate Telephone:	
Email Address:	
Emergency Contact:	
Name:	
Telephone Number(s):	
Alternate Emergency Contact	
Name:	
Telephone Number(s):	
Family Physician:	
Telephone Number:	
Medical History: (Diabetes, epilepsy, asthma, etc.)	
Allergies: (Bee/wasp stings, candy/food, including medication)	
Medications Currently Taking:	
Insurance Information	
Insurance Company	
Insurance Phone #	
Policy Number	
Identification Number	
Policy Holder	
Employer	