



Athletics

Emergency Information Form

Student's Name _____ DOB _____

Parent/Guardian _____

Home Phone _____ Cell Phone _____

Brief Medical History:

() Asthma () Seizures () Diabetes () Allergies () Other _____

Current Medications: _____

Reasonable care will be taken by the supervising personnel to see to the safety of your child. However, it is absolutely essential that you, as parent or legal guardian, request for your child to participate in this activity.

I hereby release and save harmless The Catholic High School of Baltimore and any and all of its employees from any and all liability for any harm arising to my daughter as a result of this activity and I fully support her participation.

Parent/Guardian Signature

Date