

**MEDICAL/INSURANCE INFORMATION**

Student's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student's DOB: \_\_\_\_\_ Address: \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Parent(s)/Guardian(s) Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contacts: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

To Whom It May Concern (Doctor, EMT, etc.):  
Please be advised of the following medical conditions or allergies of which we feel you should be aware:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone Contact: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

This form is to be in the possession of the sponsor/supervisor at all times during the activity.

I, \_\_\_\_\_, (parent)(guardian) of \_\_\_\_\_ give my permission for the sponsor/supervisor to contact emergency medical aid to help my child, if deemed necessary.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

Notre Dame Catholic School  
2821 Lansing Blvd.  
Wichita Falls, TX 76309  
(940) 692-6041