

# GATEWAY CHRISTIAN ACADEMY

## Emergency Medical Information Form

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### Student Information

Students/Athlete Name \_\_\_\_\_

Address \_\_\_\_\_

Grade: 6 7 8 9 10 11 12 Team \_\_\_\_\_

Parent/Guardian living with student \_\_\_\_\_

Relationship to student \_\_\_\_\_

### Parent/Guardian Information (complete for each parent)

Father \_\_\_\_\_

Mother \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Place of Work \_\_\_\_\_

Place of Work \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Other Emergency Contact Person \_\_\_\_\_

Phone \_\_\_\_\_

### Insurance and Medical Information

Name of Insurance Carrier \_\_\_\_\_

Policy Group Number \_\_\_\_\_ Policy Certificate Number \_\_\_\_\_

Medications presently being used \_\_\_\_\_

Medications student is allergic to \_\_\_\_\_

Other important medical history, data, or allergies \_\_\_\_\_

### Medical Authorization

I hereby give permission for day-to-day care and emergency treatment of above student-athlete by physicians, coaches, EMT's, or hospital emergency room personnel for treatment for any illness or injury resulting from, or affecting, his/her athletic participation. Also, in the event that I cannot be reached and/or the team is out of the area during an interscholastic event, I hereby authorize and give permission to the designated coach or designee of Gateway Christian Academy, if it is deemed necessary, to take my child to the nearest hospital emergency room or doctor's office via vehicle or emergency services and to admit my child for treatment. I further understand that all expenses and liability for said expenses incurred with respect thereto shall be fully assumed by me.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date