



BLESSED SACRAMENT SCHOOL
A Jesuit-sponsored school of academic excellence

6641 Sunset Boulevard, Hollywood California, 90028 • Phone 323.467.4177

EMERGENCY FORM

Check One:

Boys' Flag Football _____

Boys' Basketball _____

Girls' Volleyball _____

Girls' Basketball _____

EMERGENCY FORM

Student's name: _____

Student's Grade: _____ Date of Birth: _____ Home Telephone: _____

Home Address: _____

Father's name: _____

Work Telephone: _____ Mobile Telephone: _____

Mother's name: _____

Work Telephone: _____ Mobile Telephone: _____

EMERGENCY CARE INFORMATION

Name: _____ Relationship: _____

Work Telephone: _____ Mobile Telephone: _____

Home Telephone: _____ Email address: _____

Name: _____ Relationship: _____

Work Telephone: _____ Mobile Telephone: _____

Home Telephone: _____ Email address: _____

Name: _____ Relationship: _____

Work Telephone: _____ Mobile Telephone: _____

Home Telephone: _____ Email address: _____

The above named student has permission to participate in the interscholastic athletic program of Blessed Sacrament School for the academic year of 2014-2015.

I (we) understand that the school does not assume responsibility for payment of a physician. However, in an emergency you may choose a physician and/or approve of emergency care.

I (we) realize that there is a risk of being injured that is inherent in all sports. I (we) realize the risk of injury may be severe, including the risk of fractures, brain injuries, paralysis or even death.

I (we) the undersigned parent(s) or guardian(s) of _____ (student's name), a minor, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff on any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given to provide authority and power to render care, which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above given treatment will not be withheld if the undersigned cannot be reached.

This authorization is given pursuant to the provisions of section 6910 of the Family Code of California.

Parent signature: _____ Date: _____

Parent signature: _____ Date: _____