

## APPOINTMENT OF AGENT

I hereby appoint any officer, coach, or agent of the St. Patrick Catholic School Athletic Program of lawful age, as my agent and consenting to hospital care and/or medical care and treatment of \_\_\_\_\_

For any illness or injury that may occur while such person is in the care or custody of the agent between the dates of \_\_\_\_\_ and \_\_\_\_\_, while I am away, on vacation, or otherwise not immediately available to give such consent.

### INFORMATION FOR EMERGENCY ROOM:

Child's physician: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Last Tetanus Toxoid: \_\_\_\_\_

Name of Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

_____	_____
Date	Parental Signature
_____	_____
Parent's Name	Home/Work/Cell Phone Numbers
_____	_____
Parent's Name	Home/Work/Cell Phone Numbers
_____	_____
Emergency Person's Name	Home/Work/Cell Phone Numbers