

# SALESIAN HIGH SCHOOL

*Athletic Department*  
2851 Salesian Avenue  
Richmond, CA 94804

Dear Coach,

I hereby give my consent for \_\_\_\_\_ to participate in Cross Country  
Name  
at Salesian High School.

In case of emergency involving my daughter/son and I cannot be directly contacted either at work or home the admitting physician has my consent to administer assistance and aid. I understand that my medical insurance will pay for all medical treatments.

Medical insurance is with: \_\_\_\_\_

The card identification number is: \_\_\_\_\_

The Family Doctor's Name: \_\_\_\_\_

phone

I may be reached at \_\_\_\_\_ (home), or \_\_\_\_\_ (work)  
phone phone

My daughter/son suffers from the following physical conditions that might result in emergency care, e.g. diabetes, hypertension, epilepsy, etc...?

None: \_\_\_\_ or List Condition(s): \_\_\_\_\_

She/He is allergic to the following drugs: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Player's Name: \_\_\_\_\_  
Last First Social Security Number

Address: \_\_\_\_\_  
Number Street City Zip

Telephone: ( ) Birthdate: Age: \_\_\_\_\_