



Saint Nicholas School
762 Fifth Street
Struthers, Ohio 44471

SPORTS
GRADES 5-8

EMERGENCY MEDICAL DATA SHEET
2020- 2021
Due: WEDNESDAY, AUGUST 26TH, 2020

Athlete's Name _____ Grade: _____ Phone: _____

Address _____ Birthdate: _____

Doctor's Name _____ Phone: _____

Dentist's Name: _____ Phone: _____

Does Athlete have: Asthma _____ Allergies _____ Diabetes _____

Any other medical condition: _____

Person to be notified in case of medical emergency:

Name: _____ Phone: _____

Relation to Athlete: _____ Cell: _____

Parent/Guardian Signature: _____ Date: _____

***This form must be completed and given to the School Office. We will
then forward to the Coaches***

Dear Parents,

This information is for the Coaches to have at their finger tips...our Coaches want this information to be on immediate hand, God forbid they need it!
You do not have to have a Doctor sign or write any of this information. The Physical signed by your Physician and Proof of Insurance have to be filled out and sent in also and need to be on file in the School Office. These are State and Diocesan Rules...no physical, no proof of insurance - you can not play! Thank you for your cooperation!