



Saint Nicholas School  
762 Fifth Street  
Struthers, Ohio 44471

SPORTS  
GRADES 5-8

EMERGENCY MEDICAL DATA SHEET  
2019- 2020  
Due: FRIDAY, AUGUST 23<sup>RD</sup>, 2019

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: \_\_\_\_\_

***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!