

# INSURANCE / CONTACT INFORMATION

To be completed by Parents

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_ Hm Phone: \_\_\_\_\_  
Street City Zip

Name of Parent(s)/Guardian(s): \_\_\_\_\_  
Last First Name(s)

Fathers Place of Employment: \_\_\_\_\_ Wk: Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_ Wk Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Certificate/Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Allergies (medication, etc): \_\_\_\_\_

Any medication taken routinely: \_\_\_\_\_ NO, \_\_\_\_\_ YES, Explain: \_\_\_\_\_

Date of last Tetanus Immunization: \_\_\_\_\_

Name of relative/friend who can be contacted if parent/guardian cannot be reached –

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

## TRAVEL CARD

### INFORMED CONSENT

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby give my consent for the above student to compete in Greater Houston Catholic Athletic Association (GHCAA) approved sport, and travel with the coach or other representative of the school on any trips. It is also understood that even though protective equipment is worn by the student whenever needed, possibility of an accident still remains. Neither the GHCAA nor Archdiocese of Galveston-Houston nor Our Lady Queen of Peace Catholic School assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such treatment as maybe give to said student by any physician, athletic trainer, nurse, hospital, or school representative and do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

Authorized school personnel (athletic trainer, coach, nurse, principal) of the Archdiocese of Galveston-Houston is hereby given my consent to administer non-prescription medication to the above named student. Further consent is hereby given to administer prescription medication to the said student when prescribed by his/her personal physician. Additionally, the parent/guardian and student signature below gives authorization that is necessary for the school district, its athletic trainers, coaches and associated physicians to share information concerning medical diagnosis and treatment of the above named student.

\_\_\_\_\_  
Parent/Guardian Signature

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

\_\_\_\_\_  
Witness

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