



ANDREAN HIGH SCHOOL

CHRIST IS OUR TEACHER

Bill Mueller, Director of Athletics, ext. 317
Anthony Pagorek, Assistant Director of Athletics, ext. 226
Amanda Marshall, Athletic Trainer, ext. 254

5959 Broadway * Merrillville, IN 46410 * 219-887-5281 * Athletic Fax 219-9815071

Transportation

I give my student-athlete permission to drive or ride to athletic events during his/her season, knowing that every precaution will be taken to ensure his/her safety and well-being.

Permission to Dispense Aspirin/Tylenol/Ibuprofen

May this athlete be given Aspirin when needed? ___ YES ___ NO Dosage (if yes) _____
May this athlete be given Tylenol when needed? ___ YES ___ NO Dosage (if yes) _____
May this athlete be given Ibuprofen when needed? ___ YES ___ NO Dosage (if yes) _____

Student-Athlete Signature & Date

Print Student-Athlete Name

Parent Signature & Date

Print Parent Name

Emergency Information Card: The athletic department is seeking your permission to have your son/daughter treated at a doctor's office or hospital emergency room in the event that he/she is in need of emergency medical treatment. If an emergency occurs every effort will be made to contact you. If such contact is not possible this card may facilitate prompt medical care.

Athletes Name: _____ Grade: _____

I hereby give me permission for _____ to receive emergency medical care.

Date: _____ Parent/Guardian Signature: _____

Student Signature: _____ Date of Birth: _____

Address: _____ Home Phone: _____

Father Best Contact #: _____ Mother Best Contact#: _____

Emergency Contact Person: _____ Emergency Phone: _____

Family Doctor: _____ Doctor Phone: _____

Sport(s): _____

Insurance Provider: _____ Policy Number: _____

Allergies/Medical Conditions/Additional Information: _____