



# ANDREAN HIGH SCHOOL

CHRIST IS MY TEACHER

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## 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: \_\_\_\_\_