



# **2008-2009 MEDICAL INFORMATION FORM**

SAINT AMBROSE OF WOODBURY CATHOLIC SCHOOL  
4125 WOODBURY DRIVE - WOODBURY, MN 55129  
ATHLETIC DIRECTOR – TIM DEMCO (651) 768-3053

Dear Parents,

Please complete the information requested on this form. This information will accompany your child's team at practices, games, and tournaments. The medical information you provide will be used exclusively to inform first responders, paramedics, and physicians in the event of an accident or injury at a school-sponsored athletic event, to contact appropriate physicians, and to contact parents/guardians if the need arises. No other purpose exists for this form, and it will be destroyed at the end of the school year.

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

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

Work Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**Please provide the medical information below so that it's available in the event of an emergency.**

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Back Up Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor or Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Hospital: \_\_\_\_\_

Special Issues: (Pre-existing conditions, injuries, allergies)

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**THIS FORM MUST BE RETURNED TO THE ATHLETIC DIRECTOR PRIOR TO BEGINNING PRACTICE OR PLAYING IN A GAME.**