

Our Lady of Fatima Catholic School 2018-2019 Athletics Handbook



"Challenging Minds. Inspiring Hearts."



Our Lady of Fatima Catholic School
1600 Ninth Avenue North
Texas City, TX 77590
(409) 945-3326

Athletics Mission Statement:

To the Students, Families, and Alumni of Fatima:

On behalf of myself and the Co-Athletic Director, Mr. Luis Herrera, I wanted to inform everyone of the exciting changes ahead for the athletic opportunities for our boys and girls of Fatima. In recent years, the athletics program has been dormant from our extracurricular activities. It is the collective vision of Mr. Herrera and I to not only return a strong Our Lady of Fatima Athletics program to our children, but to also put all of the Greater Houston area on notice that the Our Lady of Fatima Falcons have arrived and are here to stay!

The goal of the athletic program is to produce young men and women of strong character, who can be successful in the competitive society in which we live. Additional goals of the athletic program include the development and cultivation of: self-esteem, team work, respect, and school spirit.

In the event that there is not enough participants to field a team, we will offer club sports to our student athletes so they can continue their growth and development in the sport(s) they love. We strongly encourage any student interested to sign up, and play!

Taking Our Lady of Fatima Athletics to unforeseen heights is an arduous task that Mr. Herrera and myself welcome and accept. But we cannot do it alone. We need prayer, support, and belief from our families and our children to make it happen. Each student athlete ready to be a Falcon will leave a legacy each year thereafter can build upon. If you and your child share the same passion, or if you have any questions about upcoming events and volunteer opportunities, please do not hesitate to contact me via email below. Thank you so much and I look forward to a blessed and fruitful year!

God Bless!

Ygnacio Lopez III
Co-Athletic Director
ylopez@fatimatc.org



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INTRODUCTION

This Athletic Handbook is provided to inform students and parents of the athletic procedures and policies of Our Lady of Fatima Catholic School. ***We ask parents to carefully read all sections of the handbook and review them with your child.***

Our Lady of Fatima Catholic School operates in accordance with the Diocesan Board of Education Policy Number 621 that reads:

“A school within boundaries of the Diocese of Galveston-Houston that will be known as a Catholic School shall follow the regulations as set forth by the Catholic School Office.”

Catholic Schools in the Diocese of Galveston-Houston guarantee all students the rights, privileges, programs, and activities made available to the general student body. Catholic Schools do not discriminate on the basis of race, color, age, or national origin. Our Lady of Fatima Catholic School adheres to the guidelines established by the Texas Catholic Conference Education Department. We currently hold membership in the National Catholic Educational Association (NCEA). We will follow the general guidelines set forth by the Greater Houston Catholic Athletic Association (GHCAA).

Our Lady of Fatima Catholic School and administration retain the right to amend the Athletic Handbook. By no means is this Handbook considered all-inclusive. Administration and staff will exercise professional judgment and discretion to address situations fairly and consistently. The enrollment of a child at Our Lady of Fatima Catholic School in athletics is considered to be an agreement on the part of the student and parents or guardians that they will comply with all school procedures, regulations and policies including but not limited to such procedures, regulations, and policies in this Athletic Handbook.

After reviewing this Athletic Handbook with your child, sign the acknowledgement form located at the back of this Handbook. The form must be returned to your child’s coach.

“Faith is to believe what you do not see; the reward of this faith is to see what you believe.”

– St. Augustine

ATHLETICS PROGRAM GENERAL INFORMATION

For the 2018-2019 school year, Our Lady of Fatima Catholic School offers a variety of sports for both boys and girls, including:

Fall Sports:

- Cheerleading
- Co-Ed Soccer
- Girls' Volleyball

Winter Sports:

- Boys' Basketball
- Girls' Basketball

Spring Sports:

- Track & Field

Additional sports are periodically considered if there is sufficient interest on the part of the students and parents. The athletic program falls under the jurisdiction of the School, and is administered by: the Principal, the Athletic Director, full-and part-time coaches, and parent volunteers.

ELIGIBILITY FOR PARTICIPATION

Participation in athletics is a NOT a right; it is a privilege, requiring a commitment from both student participant and his/her parent(s)/guardian(s). Students earn the privilege of participating through maintaining a commitment to academics, effort, dedication, desire and self-discipline.

Enrollment: Students must attend Our Lady of Fatima Catholic School.

Grade Level Requirements: Students in grades 5th-8th are eligible to participate in athletics. Participation may be opened to students as young as the 3rd grade *in certain sports* should it not be possible to form a team from grades 5th-8th.

Age Requirements: Age requirements will vary based on availability of the sport(s), as well as the availability of student-athletes available to participate in said sport(s). Age requirements and guidelines, as provided by the GHCAA, will be followed accordingly.

Financial Obligations: Students must be in good standing on all financial obligations to the school, including: tuition, fees, etc. ***Students will be required to pay an athletic fee for each sport in which they participate; athletic fees are non-refundable.*** Any additional charges, dues, or membership fees must be paid by the student at the time charges are incurred. This MAY include, but is not limited to: tournament participation, GHCAA membership, and other expenses that may arise throughout the season. Uniforms will not be distributed to an athlete until financial obligations have been fulfilled.

Attendance: Students with unexcused absences on the day of a game or practice may not participate in athletic activities that day.

Academics/Behavior: Students must maintain an average of “C” or better in every subject area and an “S” or better in conduct in all classes in order to participate on an Our Lady of Fatima sports team.

Opportunity to participate is determined by Report Card grades and Progress Report grades. Academic and behavioral reassessment is done at the end of the two-week period following the receipt of the grades. If a student is placed on probation or ineligible to play as defined below in sections A) and B), the period begins on the day the Report Card or the Progress Report is issued and continues through the two weeks following until grades are reassessed. If a student-athlete does not improve academically or behaviorally, he/she will remain on probation or ineligible to play through the next two-week period until reassessment. An average of 78 or above and an “S” or above in conduct must be earned in order to play. The 78 or above is an average of all grades taken (tests, projects, quizzes, homework, and participation).

The Athletic Director will notify the coaches and student-athletes of their play status. Teachers will average grades and report any student-athletes to the Athletic Director on the assessment dates (dates that Report Cards and Progress Reports are given to the student/parent) and will not be required to average grades on a weekly/daily basis. Situations that affect a student athlete’s playing status are as follows:

A) If a student has an average of 70-77 (D) or an “N” in conduct in any subject on his/her Report Card or Progress Report, the student-athlete is placed on a two-week probation and may continue to participate in practices for the sport, but may not participate in any District games/meets. Failure to bring grades up to the requirements for play at the end of the two-week probationary period will result in ineligibility. If ineligibility is acquired, the student-athlete will not participate in any games, meets, or competitions and may only attend practices with written consent from both the parent/guardian and the Principal.

B) If a student has an average of 69 or lower or a “U” in conduct in any subject, the student is automatically ineligible to play for a two week period beginning the day Report Cards or Progress Reports are issued. The student-athlete will not participate in any games, meets, or competitions during this period of ineligibility, and may only attend practices with the written consent of both the parent/guardian and the Principal. Failure to bring grades up to the requirements for play at the end of the two week probationary period will result in continued ineligibility.

C) In the event that a student-athlete is suspended from school, the student-athlete will be ineligible to play on an Our Lady of Fatima sports team for a period of two weeks. The two week period will consist of days when school is in session and does not involve holidays or times when school is not in session. The period of ineligibility will begin the date that written notice of suspension is given to the student/parent and will continue for ten school days. The student may attend practices with the exception of the actual day(s) of suspension. The student-athlete may not participate in game play and cannot travel with the team during the ten day period.

D) Student-athletes, who display inappropriate behaviors that lead to major referrals, may at the discretion of the Principal/Athletic Director/Coach be subjected to the same policies that apply to student-athletes who have been suspended. Verbal and/or written notice will be given to the student-athlete/parent.

Sportsmanship: Any student-athlete whose conduct, dress, or other display of behavior unbecoming an Our Lady of Fatima student that may discredit the reputation of the school, can be declared ineligible for athletic competition. Such decisions are made by the Coach and Athletic Director in consultation with the Principal, and are final.

Parents similarly are expected to refrain from public criticism and/or private remarks which may adversely reflect on our school's participation in interscholastic sports. Parents are allowed to observe practices if desired, but are required to keep their personal opinions to themselves. Private meetings with the coach can be scheduled. Parents are prohibited to approach the coach or game official/referee during a game/competition, and are also not permitted near the coach's/player's bench or the sports official stand during a game. The ONLY exception for this rule is if their child is injured.

PARTICIPATION OVERVIEW

Team Selection: The head coach or sponsor is responsible for the team selection process for the individual sport/activity. Expectations for participation will be explained to the students prior to try-outs being conducted.

Team Meeting: All coaches hold pre-season meetings. Attendance of at least one parent is mandatory. This requirement must be met prior to the student being allowed to participate in competition. Students will be provided with a copy of the Athletic Handbook, fee requirements, practice schedules, game schedules, and game maps.

Practices: Students are expected to attend all practices, games, and meetings called by the coach. If a student misses a practice, game, or meeting, the coach must be notified immediately. Students who miss practices, games, or meetings may lose playing time in future games. All OLOF practices are closed practices. Students are expected to be picked up immediately at the practice/game's conclusion with definite plans prearranged. A 15-minute grace period for athletes will be allowed prior to late fees of \$1.00 per minute being assessed. The procedure adheres to general school policy for late pick-ups.

Uniforms and Equipment: School-issued uniforms and equipment are to be used for all Our Lady of Fatima games, competitions, and special activities. The wearing of team uniforms for PE classes is unacceptable. Care must be taken to keep uniforms and equipment in good condition. At the end of each sports season all uniforms and equipment, in cleaned and good condition, must be returned to the school at the end of the sports season.

Students may not compete in another sport until uniform matters are resolved. A student's report card may be withheld at the end of the quarter if uniforms have not been returned. Students who leave a team before the end of a season must return uniforms and equipment immediately. Students are responsible for furnishing their own socks, shoes, knee pads and shin guards. These must meet team specifications for color, etc.

Facilities and Equipment: Our Lady of Fatima Catholic School is responsible for providing the facilities and equipment needed for practices and games. Students are responsible for personal equipment such as knee pads, safety glasses, shin guards, etc.

Transportation: Will be provided by the parents. If a student-athlete needs a ride, an "Athletic Trip" permission form located on our website must be completely filled out and signed by the

PARTICIPATION OVERVIEW *(continued)*

parent, and submitted to the coach prior to each away game/competition. Only parents will be allowed to pick-up their child from “away” competitions. Students must be signed out by the parent. In the event of weekend competitions/tournaments, parents are responsible for arranging transportation.

Injuries: Our Lady of Fatima DOES NOT provide health or medical insurance for students participating in athletic activities for the school year. Families are the primary providers of coverage and information regarding families’ existing policies must be provided to the school. Complete documentation of injury and situation is to be recorded and submitted by attending staff member.



REGISTRATION FOR PARTICIPATION IN ATHLETIC PROGRAMS

- Complete the Parent/Guardian Consent Form.
- Complete the Medical History Form and schedule a physical examination.
- Have your child's Doctor complete the Physical Examination Form.
- Complete the Athletic Trip Permission Form
- Complete the Voluntary Service Agreement Form.
- Student(s) and Parent(s)/Guardian(s) complete the Athletics Handbook Acknowledgment and Agreement Form.
- Pay the designated Athletic Fee(s).
- Sign and return:
 - Parent/Guardian Consent Form
 - Medical History Form
 - Physical Examination Form
 - Athletic Trip Permission Form
 - Voluntary Service Agreement Form
 - Athletics Handbook Acknowledgment and Agreement Form

NOTE: All necessary forms are included at the back of this Handbook and can be found on the school website.

PARENT/GUARDIAN CONSENT FORM

Parent/Guardian consent, medical history, and physical evaluation are to be completed:

1. Annually
2. Before any practice (both in-season and out-of-season) or games/matches

Student's Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Age: _____ Grade: _____ Sex: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Mom/Guardian: Home #: _____ Cell/Pager #: _____

Work Place _____ Work #: _____

Father/Guardian: Home #: _____ Cell/Pager #: _____

Work Place _____ Work #: _____

Name of Insurance Provider: _____ Policy Number: _____

Name of Insured: _____ Social Security Number: _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

MEDICAL INFORMATION

Date of Student's Last Tetanus Booster Vaccination: _____

Drug Allergies or Other Medical Conditions: _____

In case of Emergency, when the above people can not be located call:

_____ Home #: _____ Work #: _____ Cell/Pager #: _____

_____ Home #: _____ Work #: _____ Cell/Pager #: _____

Consent

I, _____, grant permission for my child _____ to participate in extracurricular athletic activities. These activities will take place under the guidance and direction of school employees and/or volunteers. As a parent and/or legal guardian, I remain legally responsible for personal actions taken by the above named minor ("student"). I agree on behalf of myself, my child named herein, our heirs, successors and assigns, to hold harmless and defend _____, its employees, officers, directors and agents, and the Archdiocese of Galveston-Houston, or representatives associated with these activities, arising from or in connection with my child participating in these activities, or in connection with any illness, injury or cost of medical treatment in connection therewith, and I agree to compensate _____, its officers, directors and agents, and the Archdiocese of Galveston-Houston, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

I hereby warrant to the best of my knowledge, that my child is in good health, and I assume all responsibility for the health and medical care of my child. In the event of a medical emergency, I hereby give permission to school employees and/or volunteers supervising the athletic event to obtain medical services and to transport my child to the nearest hospital/emergency care center for emergency medical or surgical treatment.

Parent/Guardian Signature Relationship Date

MEDICAL HISTORY FORM

Student Name: _____ Date of Birth: _____

The Medical History Form is part of the Athletic Physical and must be presented to the physician at the time of the physical examination.
 Explain "Yes" answers at end of form. Circle questions for which you don't know the answers.

The student with the help of the parent or guardian is to answer the following questions:

1. Have you had a medical illness or injury since your last check up or sports physical? Yes__ No__
2. Have you been hospitalized overnight in the past year? Yes__ No__
 Have you had surgery in the past year? Yes__ No__
3. Are you currently taking any prescriptions or non-prescription (over the counter) medication or pills or using an inhaler? Yes__ No__
4. Do you have any allergies (for example, to pollen, medicine, food or stinging insects)? Yes__ No__
5. Have you ever passed out during or after exercise? Yes__ No__
 Have you ever been dizzy during or after exercise? Yes__ No__
 Have you ever had chest pain during or after exercise? Yes__ No__
 Do you get tired more quickly than your friends do during exercise? Yes__ No__
 Have you ever had racing of your heart or skipped heartbeats? Yes__ No__
 Have you ever been told you have a heart murmur? Yes__ No__
 Has any family member or relative died of heart problems or of sudden unexpected death before age 50? Yes__ No__
 Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm? Yes__ No__
 Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? Yes__ No__
 Has a physician ever denied or restricted your participation in sports for any heart problems? Yes__ No__
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Yes__ No__
7. Have you ever had a head injury or concussion? Yes__ No__
 Have you ever been knocked out, become unconscious, or lost your memory? Yes__ No__
 If yes, how many times? ____ When was the last concussion? _____ Yes__ No__
 How severe was each one? (Explain in the space provided) Yes__ No__
 Have you ever had a seizure? Yes__ No__
 Do you have frequent or severe headaches? Yes__ No__
 Have you ever had numbness or tingling in your arms, hands, legs or feet? Yes__ No__
 Have you ever had a stinger, burner, or pinched nerve? Yes__ No__
8. Have you ever become ill from exercising in the heat? Yes__ No__
9. Have you ever gotten unexpectedly short of breath with exercise? Yes__ No__
 Do you cough, wheeze, or have trouble breathing during or after activity? Yes__ No__
 Do you have asthma? Yes__ No__
 Do you have seasonal allergies that require medical treatment? Yes__ No__
10. Have you had any problems with your eyes or vision? Yes__ No__
11. Are you missing any paired organs? Yes__ No__
12. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, and retainer on your teeth, hearing aid?) Yes__ No__

Student Name: _____ Date of Birth: _____

13. Have you ever had a sprain, strain, or swelling after injury? Yes ___ No ___
Have you broken or fractured any bones or dislocated any joints? Yes ___ No ___
Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? Yes ___ No ___
If yes, check the appropriate one and explain below.

<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
<input type="checkbox"/> Upper Arm	<input type="checkbox"/>	<input type="checkbox"/> Foot

14. Do you want to weigh more or less than you do now? Yes ___ No ___
Do you lose weight regularly to meet weight requirements for your sport? Yes ___ No ___
15. Do you feel stressed out? Yes ___ No ___
16. Record the dates of your most recent immunizations (shots) or disease for:
Tetanus _____ Measles _____
Hepatitis B _____ Chickenpox _____

17. Are you currently under a doctor's care?

FOR FEMALES ONLY:

18. When was your first menstrual period? _____
What was your most recent menstrual period? _____
How much time do you usually have from the start of one period to the start of another? _____
How many periods have you had in the last year? _____
What was the longest time between periods in the last year? _____

Explain "Yes" answers here:

Please list all prescribed medication taken by your child:

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

I have reviewed and acknowledge the information in this Medical History Form.

Physician's or Authorized Examiner's Signature: _____ Date: _____

PHYSICAL EXAMINATION FORM

Student's Name: _____ Height: ____ Weight: ____ Pulse: ____ Blood Pressure: ____
 Vision R 20/ ____ L 20/ ____ Corrected: Yes ____ No ____ Pupils: Equal ____ Unequal ____
 Hearing: Normal ____ Referred ____ Spinal Exam: Normal ____ Referred ____ % Body Fat (optional) ____

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine			
Heart-Auscultation of the heart in the standing position			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			

MUSCULOSKELETAL

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

CLEARANCE

- Cleared for Participation
- Not cleared for Participation Reason: _____

Recommendations and/or Restrictions: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, or a Registered Nurse recognized as an Advanced Practiced Nurse by the Board of Nurse Examiners.

Name (print/type): _____ Date of Examination: _____

Address: _____ Phone Number: _____

Signature: _____ Title: _____

ATHLETIC TRIP PERMISSION FORM



**Our Lady of Fatima and the Catholic Schools Office
Archdiocese of Galveston-Houston**

Athletic Sport for Private Vehicular Transportation: _____
Destinations will vary due to games and events being played at other schools and venues.

If the method of transportation to the athletic events is to be another parent, this form must be completed in entirety, as directed by the Catholic Schools Risk Management Offices.

• Method of Transportation for: _____
Name of Child to be Transported

• Personal Vehicle Driven by: _____
Name of Driver

• Driver's License Number and State: _____

• Name of Insurance Carrier for Vehicle: _____
Copy of proof of insurance MUST be attached to form

I/We, the parent(s) of _____ (*name of child[ren]*) request that he/she be allowed to ride in a car driven by a volunteer parent and we give permission for this to occur during the current _____ (*sport*) season. I understand that our school does not have insurance to cover volunteers who choose to transport students, and I further understand that the parent drivers' insurances will be the primary insurance in case an accident occurs. I/We release and save harmless the school and any and all of its employees from any and all harm arising to my/our son/daughter as a result of this trip, and waive any claims against them. Additionally, I understand my child(ren) must wear a safety/seat belt regardless of age when they are seated in a vehicle. By providing the information and signing below, I agree to allow my child(ren) to be transported by the volunteer and I agree with these conditions.

Emergency Information:

Parent/Guardian Name (print) Contact Number Medical Insurance Carrier

Dr./Physician Name Contact Number Medical Policy #

Signature of Parent/Guardian Date

ATHLETIC TRIP PERMISSION FORM (continued)



**Our Lady of Fatima and the Catholic Schools Office
Archdiocese of Galveston-Houston**

DESIGNATION OF ADDITIONAL PARENT/VOLUNTEER DRIVERS FOR ATHLETICS

If the method of transportation to the athletic events is to be another parent, this form must be completed in entirety, as directed by the Catholic Schools Risk Management Offices.

• Method of Transportation for: _____
Name of Child to be Transported

• Personal Vehicle Driven by: _____
Name of Driver

• Driver's License Number and State: _____

• Name of Insurance Carrier for Vehicle: _____
Copy of proof of insurance MUST be attached to form.

• Method of Transportation for: _____
Name of Child to be Transported

• Personal Vehicle Driven by: _____
Name of Driver

• Driver's License Number and State: _____

• Name of Insurance Carrier for Vehicle: _____
Copy of proof of insurance MUST be attached to form.

• Method of Transportation for: _____
Name of Child to be Transported

• Personal Vehicle Driven by: _____
Name of Driver

• Driver's License Number and State: _____

• Name of Insurance Carrier for Vehicle _____
Copy of proof of insurance MUST be attached to form.



2018-2019 OUR LADY OF FATIMA ATHLETICS PROGRAM

VOLUNTARY SERVICE AGREEMENT

I agree to help foster the growth and development of the Our Lady of Fatima Catholic School Athletics Program by providing assistance in at least one of the following areas: (Please check all areas in which you are interested in volunteering your service):

Note: Volunteering for the athletics program will count towards your volunteer hours. You MUST have also completed your VIRTUS training and have it on file with us before any volunteering occurs.

Game Set-up/Clean up assistance

Concessions

Score Keeping

Fundraising

Transportation

Other (List Below):

Printed Name: _____ Student Name: _____

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____



2018-2019 OUR LADY OF FATIMA ATHLETICS PROGRAM

ATHLETICS HANDBOOK ACKNOWLEDGMENT AND AGREEMENT FORM

All students in grades 5th-8th are eligible to participate in the Athletics Program. The 2018-2019 Athletics Handbook provides the framework for the operation of the program. Students must maintain eligibility to participate.

Students must complete the registration form and athletic(s) fee for each sport or activity. The athletic fee of \$50 for EACH of the specific sport(s) or activity must be paid at the time the ACKNOWLEDGMENT AND AGREEMENT form is turned in. **Fees are non-refundable.**

A student must submit the ACKNOWLEDGMENT AND AGREEMENT form, athletic fee(s), consent form, medical history form, completed physical form, and athletic trip permission form before they can play.

REGISTRATION

Please check sport(s) your child(ren) would like to participate in for the 2018-2019 school year:

Fall Sports:

Cheerleading

Co-Ed Soccer

Girls' Volleyball

Winter Sports:

Boys' Basketball

Girls' Basketball

Spring Sports:

Track & Field

We have read and discussed the Our Lady of Fatima Catholic School 2018-2019 Athletics Handbook. By signing this contract, we (*student and parent/guardian*) agree to follow the procedures, regulations, and policies covered therein.

Student Signature: _____

Parent Signature: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Physician: _____

Hospital: _____ Emergency Phone: _____