

ST. LOUIS PUBLIC HIGH SCHOOL LEAGUE
Information for Accident Emergencies

Name.....School.....

Name of members of family who can
be reached in case of emergency.....

Address.....Telephone.....

Name of Family Physician.....Phone.....

Hospital Affiliation of Family Physician.....

Hospital Preference of Student.....

Signature of Student.....

Approved by
Parent or Guardian

Date.....

Form (PE-002)