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# KNOXVILLE CATHOLIC HIGH SCHOOL

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9245 FOX LONAS ROAD KNOXVILLE TN. 37923

PHONE (865) 560-0313 FAX (865) 560-0314

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## STUDENT MEDICAL RELEASE FORM 2020 - 2021

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STUDENT NAME (PRINT) \_\_\_\_\_

GRADE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

PARENT/GUARDIAN CELL PHONE # \_\_\_\_\_

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### EMERGENCY CONTACT INFORMATION:

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FATHER'S NAME	MOTHER'S NAME	1 <sup>st</sup> NON PARENTAL CONTACT NAME	2 <sup>nd</sup> NON PARENTAL CONTACT NAME
EMPLOYER	EMPLOYER	RELATIONSHIP	RELATIONSHIP
WORK PHONE #	WORK PHONE #	ADDRESS	ADDRESS
CELL PHONE#	CELL PHONE #	CELL PHONE #	CELL PHONE #

DOCTOR	INSURANCE
NAME	INSURANCE COMPANY
ADDRESS	POLICY #
PHONE #	HOSPITAL

**(PLEASE COMPLETE FORM ON THE BACK)**

