
KNOXVILLE CATHOLIC HIGH SCHOOL

9245 FOX LONAS ROAD KNOXVILLE TN. 37923

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

STUDENT MEDICAL RELEASE FORM 2021 - 2022

STUDENT NAME (PRINT) _____

GRADE _____ BIRTH DATE _____

ADDRESS _____ CITY _____ STATE _____

PARENT/GUARDIAN CELL PHONE # _____

EMERGENCY CONTACT INFORMATION:

FATHER'S NAME	MOTHER'S NAME	1 st NON PARENTAL CONTACT NAME	2 nd 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)

