



# Informed Consent/Medical Release Form

## St. Joseph Catholic School Athletics 2017-2018

Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

I certify that \_\_\_\_\_ is physically capable and able to fulfill requirements to be on the \_\_\_\_\_ team. I understand that this form legally releases all obligations and responsibilities for the medical treatment of my child in the event of illness or injury during any squad related activity when either parent cannot be reached. If at any time there is any physical or medical reason why he/she should not participate fully, the school requires a doctor's release before he/she may resume activity. Furthermore, the school is not liable for any injury incurred.

In the event of an emergency occurring while my child is on a school sponsored practice, camp, tournament or game, I grant my permission to the school and its employees/volunteers to take whatever action is necessary. In the event that I cannot be reached, I hereby authorize the school and/or its employees/volunteers to give consent for my child to receive medical treatment.

My child and I are aware that participation in the following sport(s) \_\_\_\_\_ is/are potentially hazardous activities. I assume risks associated with participation in this sport, including, but not limited to falls, contact with other participants, or other reasonable risks associated with the sport(s). All such risks to my child are known and understood by me.

### Medical Treatment Permission Form (Please provide a copy of your insurance card-front & back)

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Address (Include City, State & Zip): \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

Relationship to Student: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (Include City, State & Zip): \_\_\_\_\_

**I understand this Informed Consent Form and agree to its conditions on behalf of my child.**

\_\_\_\_\_  
Participant Name (Printed)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Printed)

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

\_\_\_\_\_  
Date