



## St. Leo Catholic School Athletic Permission Form

**All students are required by NC General Statute 130A-154 to have the following immunizations in order to attend school (all public and private schools):**

- DTP/DTap – 5 doses
- Tdap booster prior to entering the 6<sup>th</sup> grade if it has been 5 years or greater since the last DTP/DTap
- Polio – 4 doses
- Hib – 1 dose (cannot be administered after age 5)
- Hepatitis B – 3 doses
- Varicella – 1 dose
- Measles – 2 doses
- Mumps – 2 doses
- Rubella – 1 dose

The above requirements are applied for certain age groups and whether or not immunizations began as an infant. The school reviews these requirements on an individual basis as each student is enrolled.

Parents must provide the immunization certificate to school. The immunization certificate may be copied. The original certificate should be retained by the family (and updated as booster doses are received) throughout the child's school career extending through college.

Immunization Certificates presented to school must include:

1. Name of child, birth date, address and names of parent/guardian.
2. Full dates of each immunization dose (month, day, year)
3. Name and address of physician or clinic which administered the immunizations
4. Certificates are to be signed or stamped by the physician or clinic.

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**Parents of Athletes must sign permission statement below before your child's first practice.**

Permission and Release:

I, the undersigned parent/guardian of \_\_\_\_\_ give my approval for my child to participate in the activities of the Athletic Programs. My child is physically able to participate in the program and in doing so, will in no way harm his/her health. I further assume all risk and hazards incidental to the conduct of the activities including transportation to and from the activities. I hereby release, absolve, and hold harmless, the School and the Athletic Association of the School/Parish my child attends, the staff, the organizers, and the supervisors from any and all injury, loss or other damage to us or to the above child arising out of the activities of the program. I also grant permission for treatment deemed necessary to a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. I certify that the medical history above is accurate to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_