PARENT PERMISSION AND AUTHORIZATION FOR TREATMENT

We hereby give our consent for _____ to represent his/her school in athletics. We will not hold the school responsible in case of accident or injury whether it be during practice or contest and we hereby agree to release the Catholic school system of which this school is a part, its employees, agents, representatives, coaches, and volunteers from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by my child/ward in any activities related to the athletic program of his/her school.

If we cannot be reached and in the event of an emergency, we also give consent for the school to obtain such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school athletic activities.

Please list any health issues that the coach should be made aware of: _____

_____

_____

Our primary physician is:_____

Physician's Phone number: _____

Preferred Hospital: _____

_____ _____

Signature of Parent/Guardian Date Relationship

_____ _____

Print Parent/Guardian Name Home Address (Street, Apt #, etc.)

_____ _____

Home Phone Home Address (City, State, Zip)

Thank you,
St. Stanislaus Athletic Committee