



Athletic Season 07-08 Informed Consent Form

I hereby give my permission for _____ to participate in the sport(s) of _____ during the athletic season **2007-08**.

Further, I authorize the school to provide emergency treatment of an injury to, or illness of my child, if qualified medical personnel consider treatment necessary. The authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

Date _____ Parent or Guardian _____

Address _____ Phone _____

Family Physician _____ Phone _____

Pre-existing medical conditions (e.g. allergies or chronic illnesses) _____

Alternate contact in case of emergency:

Name _____ Phone _____

Relationship to student _____

Medical Insurance Carrier _____

Policy Carrier _____

Policy Number _____

My child and I are aware that participation in the following sport(s) _____

_____ is/are potentially hazardous activity(ies). I assume risks associated with participation in this sport, including, but not limited to falls, contact with other participants, or other reasonable risk conditions associated with the sport. All such risks to my child are known and understood by me.

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

Participant's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____

**Insurance may be purchased through St. Joseph Catholic School insurance carrier.*