

ST. MARY SCHOOL
Permission, Emergency & Medical Form

STUDENT NAME: _____ GRADE: _____

PARENT/GUARDIAN NAME: _____

HOME PHONE: _____ CELL PHONE: _____ CELL PHONE: _____

As the parent/guardian of the child named above, I hereby give my full consent and approval for my child to participate at St. Mary School fall after-school sports program.

A brief description of the activity follows:

Type of event or activity: After-school Sport

Destination of event or activity: North County Parochial League School or Designated Facility

Individual in charge or and responsible: Live Scanned Coach, Team Parent or Driver

Estimated time of departure and return: 2:25pm on away game days – return to St. Mary School TBD

Mode of transportation to and from event: Assigned driver's personal car

As parent, and/or legal guardian, I remain legally responsible for any personal actions taken by the above named young person ("participant"). I also agree on behalf of myself, my child's other parent if known or living (name of parent) _____, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Mary School and/or St. Mary Parish its officers, directors and agents, and the Diocese of San Diego, chaperons, or representatives associated with the event with respect to any and all actions, claims or demands that may be made or brought against the parish, its officers, directors and agents, and the Diocese of San Diego, chaperons, or representatives associated with the event, arising from or in connection with my child's attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of San Diego, chaperons, or representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Medical Information:

I understand there are certain risks of injury inherent in the practice and play of this sport and I am willing to assume these risks on behalf of my child. I hereby certify to the best of my knowledge, my child is in good health and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below. I assume all responsibility for the healthy of my child.

Physical/medical limitations: _____

Emergency Medical Treatment I give permission to the coach assigned by St. Mary School to administer basic first aid to my child named above. In the event of an emergency, I hereby give permission to transport this child to the hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or physician.

FAMILY PHYSICIAN _____ PHONE _____

PREFERRED HOSPITAL TO BE TRANSPORTED TO: _____

FAMILY HEALTH PLAN CARRIER: _____

POLICY NUMBER: _____

Signature _____ Date _____

Other Medical Treatment: In the event it comes to the attention of St. Mary School, St. Mary Parish or other North County Parochial League schools or parishes, its officers, directors and agents, and the Diocese of San Diego, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be contacted (I will assume phone charges if incurred).

Signature _____ Date _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows:

Signature _____ Date _____

No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature _____ Date _____

Emergency Contacts (please print):

1) Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

2) Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

By signing below, I acknowledge the above statements are true. I understand the coaches selected by the school are volunteers and will do the best to ensure the safety of each player.

Parent/Guardian (Print)

Signature

Date