

St. Mary's Athletic Parent Consent Form

In order that your son or daughter may participate in various school activities other than those carried on as part of the regular physical education class, it will be necessary for you to give written consent. Permission is given for my son/daughter to participate in:

Fall Sport: _____ **Winter Sport:** _____ **Spring Sport:** _____

Athletes Name: _____				
	Last	First	MI	
Athletes Address: _____				
	Street	City	State	Zip
Grade: _____	Date of Birth: _____	Age: _____		
Home Phone #: _____				
Mother's Name: _____		Work Phone #: _____		Cell Phone #: _____
Father's Name: _____		Work Phone#: _____		Cell Phone #: _____
Parent's Email Address: _____				

In case of emergency, if parents cannot be contacted:		
Notify: _____	Phone #: _____	Relationship: _____

Family Physician: _____	Phone #: _____
Known Allergies (drug/food/insect/etc.): _____	
Special Medical Problems: _____	
Medication (prescription/inhaler/insulin/etc.): _____	

In order to participate in interscholastic activities student-athletes are required to have major medical health insurance coverage. List any Secondary Insurance coverage on back of page. Please complete below, and attach a front & back copy of all medical insurance card.

Insurance Company: _____				
Address: _____				
	Street	City	State	Zip
Phone: _____				
Name of Insured: _____		Insured SSN (last 4 digits): XXX-XX-_____		Insured DOB: _____
Policy/ID #: _____		Group: _____		
Plan Type (circle): HMO/POS/PPO/NAP				

It is understood that time after school will be required for practice and competition. The school will provide proper and reasonable supervision during practice, games, and travel to and from such games. Beyond this point of proper supervision the school cannot assume responsibility for injuries.

We give our consent for the team physician, athletic trainer, and coaches to use their own judgment in applying and securing medical aid and ambulance service in case the parents cannot be reached: **(Circle one) YES NO**

I hereby authorize the athletic trainer/physician to release information regarding the health states of my son/daughter to their coach as it relates to their ability to participate, or the care of their injuries: **(Circle one) YES NO**

I have read the above statements and hereby give my written consent.

Signed (Parents/Guardian): _____ **Date:** _____