



**NAZARETH ATHLETICS
PERMISSION / CONSENT
EMERGENCY INFORMATION**



Last Name _____ First _____ Sport(s) _____

Grade 9 10 11 12 (Circle) Birth Date ____/____/____ Male or Female (Circle)

Mother's Name _____ Father's Name _____

Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____

In an emergency, contact: Name _____ Phone _____ **or**

Name _____ Phone _____

Physician _____ Physician's Phone _____

INSURANCE: Our son/daughter is covered by _____

ALLERGIES TO MEDICATION, MEDICATIONS FOR LONG TERM ILLNESSES AND ANY RELEVANT MEDICAL INFORMATION (e.g. contact lenses; history of family diabetes; epilepsy; heart murmur.) _____

Participation in competitive athletics may result in severe injury, including paralysis, or death. Improvements in equipment, medical treatment and physical conditioning, as well as rule changes, have reduced these risks, but it is impossible to totally eliminate such occurrences from athletics. **I hereby give consent** for the above mentioned student to represent his/her school in athletic activities, including team / individual travel for local and out-of-town trips. **I authorize the school to obtain**, through a physician of its choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. **I also agree** we / I will not hold Nazareth or anyone acting in its behalf responsible for any injury occurring to the above mentioned student in the course of such athletic activities or such travel.

I give consent for the above mentioned student to: (please initial)

- _____ Travel on school provided transportation to and from practices and games.
- _____ Travel in a private vehicle to and from practices and home games.
- _____ Drive in a private vehicle to and from practices and home games.
- _____ Drive other students/athletes to and from practices and home games.

I understand the school does not carry insurance covering the driver of the private vehicle or passengers in the private vehicle. I will not hold the school liable for accident or injury on the trip.

I, _____, the parent or guardian of _____ recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstance.

Legal signature of parent / guardian Date Home Phone Work Phone

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