

PARENT/GUARDIAN CONSENT FORM

Parent/Guardian consent, medical history, and physical evaluation are to be completed:

- 1. Annually
- 2. Before any practice (both in-season and out-of-season) or games/matches

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mom/Guardian: Home #: \_\_\_\_\_ Cell/Pager #: \_\_\_\_\_

Work Place \_\_\_\_\_ Work #: \_\_\_\_\_

Father/Guardian: Home #: \_\_\_\_\_ Cell/Pager #: \_\_\_\_\_

Work Place \_\_\_\_\_ Work #: \_\_\_\_\_

Name of Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

MEDICAL INFORMATION

Date of Student's Last Tetanus Booster Vaccination: \_\_\_\_\_

Drug Allergies or Other Medical Conditions: \_\_\_\_\_

In case of Emergency, when the above people can not be located call:

\_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell/Pager #: \_\_\_\_\_

\_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell/Pager #: \_\_\_\_\_

**Consent**

I, \_\_\_\_\_, grant permission for my child \_\_\_\_\_ to participate in extracurricular athletic activities. These activities will take place under the guidance and direction of school employees and/or volunteers. As a parent and/or legal guardian, I remain legally responsible for personal actions taken by the above named minor ("student"). I agree on behalf of myself, my child named herein, our heirs, successors and assigns, to hold harmless and defend Assumption, its employees, officers, directors and agents, and the Archdiocese of Galveston-Houston, or representatives associated with these activities, arising from or in connection with my child participating in these activities, or in connection with any illness, injury or cost of medical treatment in connection therewith, and I agree to compensate Assumption, its officers, directors and agents, and the Archdiocese of Galveston-Houston, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

I hereby warrant to the best of my knowledge, that my child is in good health, and I assume all responsibility for the health and medical care of my child. In the event of a medical emergency, I hereby give permission to school employees and/or volunteers supervising the athletic event to obtain medical services and to transport my child to the nearest hospital/emergency care center for emergency medical or surgical treatment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date