

ST. PETER THE APOSLE SCHOOL

PARENTAL CONSENT FORM FOR CHILD'S PARTICIPATION IN SPORTS & WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT & CONSENT FOR MEDICAL TREATMENT

IN CONSIDERATION OF MY CHILD, IDENTIFIED BELOW, BEING ALLOWED TO PARTICIPATED IN TEAM SPORTS SPONORED BY ST. PETER THE APOSTLE SCHOOL, I AGREE TO **IMDEMNIFY, RELEASE, HOLD HARMLESS, AND CONVENANT NOT TO SUE** ST. PETER THE APOSTLE SCHOOL, THEIR SUCCESSORS AND ASSIGNS, THEIR PRINCIPALS, AGENTS, COACHES AND EMPLOYESS (HEREINAFTER REFERRED TO AS **RELEASEE**) FOR ANY AND ALL CLAIMS FOR LOSS, DAMAGE OR INJURY, THAT MAY BE SUSTAINED BY MY CHILD, OR TO ANY PROPERTY BELONGING TO MY CHILD, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE**, OR OTHERWISE, IN CONNECTION WITH MY CHILD'S PARTICIPATION IN SPORTS SPONSORED BY ST. PETER THE APOSTLE SCHOOL.

CHILD'S FIRST NAME _____ LAST NAME _____

ADDRESS _____

DATE OF BIRTH: ___ / ___ / ___ AGE: ___ GRADE: ___ MALE ___ FEMALE ___

TO THE BEST OF MY KNOWLEDGE, MY CHILD IS IN GOOD PHYSICAL HEALTH AND I AM NOT AWARE OF ANY PHYSICAL INFIRMITY WHICH WOULD PLACE MY CHILD AT RISK FROM HIS/HER PARTICIPATION IN THE SCHOOL'S SPORT PROGRAMS.

MY CHILD IS COVERED UNDER A HEALTH AND/OR ACCIDENT INSURANCE PLAN AS INDICATED BELOW:

___ MY CHILD IS COVERED UNDER AN ACCIDENT INSURANCE PLAN.

INSURANCE COMPANY: _____ POLICY#: _____

___ MY CHILD IS COVERED UNDER A MEDICAL INSURANCE PLAN.

INSURANCE COMPANY: _____ POLICY#: _____

I GIVE PERMISSION TO THE RELEASEE TO PROVIDE FOR EMERGENCY TREATMENT TO BE GIVEN TO MY CHILD IN CASE OF AND ACCIDENT. I WILL BE RESPONSIBLE FOR ANY AND ALL COSTS OF MEDICAL COVERAGE AND TREATMENT PROVIDED NOT COVERED BY INSURANCE.

NAME OF PARENT OR GUARDIAN: _____

PHONE #: (HOME) _____ (CELL) _____ (WORK) _____

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: ___ / ___ / ___

ST. PETER THE APOSTLE SCHOOL

SPORTS HISTORY & PHYSICAL

STUDENTS NAME: _____ DATE OF BIRTH ___ / ___ / _____

AGE: _____ GENDER: ___ MALE ___ FEMALE

DOES YOUR CHILD TAKE ANY MEDICINE ON A REGULAR BASIS? ___ NO ___ YES
IF YES, LIST MEDICATION(S) _____

LIST ANY ALLERGIES OR ILLNESSES OR INJURIES THAT YOUR CHILD HAS. _____

DOES YOUR CHILD HAVE ANY PHYSICAL LIMITATIONS OR INFIRMITIES THA WOULD PLACE
YOUR CHILD AT RISK FROM HIS/HER PARTICIPATION IN TEAM SPORTS? ___ NO ___ YES
IF YES, PLEASE LIST _____

PHYSICAL EXAMINATION

HEIGHT ___ ft ___ inches WEIGHT ___ lbs PULSE ___ BLOOD PRESSURE _____

CARDIOPULMONARY SYSTEM ___ NORMAL ___ ABNORMAL

NEUROLOGICAL SYSTEM ___ NORMAL ___ ABNORMAL

MUSCULOSKELTAL SYTEM ___ NORMAL ___ ABNORMAL

ADDITIONAL COMMENTS: _____

THIS CHILD IS DETERMINED TO BE ___ FIT OR ___ UNFIT
TO PARTICIPATE IN ST PETER APOSTLE SCHOOL'S SPORTS PROGRAM.

SIGNATURE OF PHYSICIAN: _____ DATE ___ / ___ / _____