St. Charles School
Athletic Program

CONSENT FORM/MEDICAL RELEASE FORM

1. I hereby give permission for my child to engage in sports at St. Charles School.

2. I am familiar with the common hazards of sports and fully understand the dangers associated with them. I hereby release and discharge St. Charles School and the sports league, its agents, employees, and officers from all liability whatsoever for personal injuries or damage to property arising out of the sports activities on the premises at school or at any other location where games or practices are conducted, or in transportation to or from contests at other locations.

3. I understand that I am responsible for all equipment and uniforms issued to my child. I personally guarantee to return equipment and uniforms at the end of the season and to make restitution for any undue damage or loss of equipment or uniforms.

4. I understand it is my responsibility to provide medical insurance for my child in case of injury. St. Charles School or any of its agents or coaches will not be responsible for medical bills incurred due to injury to my child.

5. As a parent/guardian, I do hereby authorize first aid/medical treatment of my child in the event of an emergency which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that efforts will be made to reach me as soon as reasonably possible.

Name of Child _____ Relationship to you _____
Address of Child _____ Phone _____
Emergency Phone _____
Family Physician _____ Phone _____
Address _____ City _____
List allergies, medication, contacts, or other pertinent comments:
_____
_____
_____
Health Insurance Data
Company _____ Policy _____
Group _____ Contract _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.
I certify that I am the (check one) __ custodial parent __legal guardian of the minor child named above, and I agree to the above terms for myself and for my minor child.
Date _____ Signed _____
(Parent or Guardian)

6. I understand that my child will not be allowed to practice with an athletic team unless this form is signed and filed in the school office.

_____ _____
Signature of Parent/Guardian Date