



## 2020-2021 PARENT ATHLETIC PERMISSION FORM

I give permission for \_\_\_\_\_ to participate in athletics at John Paul II Catholic High School. I have review the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. He/she has medical/accident insurance through our family policy with:

Name of Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Name of Policy Holder \_\_\_\_\_

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowled in mind, grant permission for my child to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by the school to provide treatment for any injury or condition resulting from participating in athletics for John Paul II Catholic High School. I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

### Emergency Permission Form

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

High School \_\_\_\_\_

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency.  
\_\_\_\_\_

Please list any allergies to medications, etc. \_\_\_\_\_

Is the student currently prescribed to an inhaler or Epi-Pen? \_\_\_\_\_ List the emergency medication \_\_\_\_\_

Is the student presently taking any other medication? \_\_\_\_\_ If so, why type? \_\_\_\_\_

Does the student wear contact lenses? \_\_\_\_\_ Date of last tetanus shot? \_\_\_\_\_

**Emergency Authorization:** In the event that I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of John Paul II Catholic High School to secure proper treatment for my child and to hospitalize if deemed necessary.

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Relationship to Student \_\_\_\_\_

*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.*

I certify all the above information is correct. \_\_\_\_\_

Parent/Guardian

