

2006-07

ST. MARGARET MARY CATHOLIC SCHOOL

OUR COMMITMENT: "We will serve the Lord"

Athletic Consent and Permission Form

Student name: _____ Grade _____

Address: _____

Home phone _____ Cell Phone _____

Date of Birth _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

Students at St. Margaret Mary School **MAY NOT** participate in school sponsored athletics if parents do not have insurance to cover health/accidents at school.

STUDENT INSURANCE COVERAGE INFORMATION (REQUIRED)

Insurance co. _____ Policy # _____

Address and phone# _____

I am aware and understand the risks involved in athletic participation. I give consent for the student named above to participate in athletic activities sponsored by the school.

By signing below, I give permission for my child to participate in the student athletic activities program. I am aware that the school does not make student insurance available and that the school is not liable for any injuries my child may receive while participating in student activities. I further consent to any treatment deemed necessary by a licensed physician designated by the person in charge, for any illness or injury resulting from his/her participation in student activities. I understand that every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

FAMILY PHYSICIAN: _____ **Phone** _____

Allergies: _____

Diabetic? _____ **Other medical conditions?** _____

Signature of Student/athlete: _____

Signature of Parent/guardian: _____