
Catholic Mutual. . . "CARES"

HOLY GHOST CATHOLIC SCHOOL
ATHLETIC AND SPORTING EVENTS
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business phone: _____

I, _____, grant permission for my child, _____,
Parent or guardian's name *Child's name*

to participate in this Holy Ghost Catholic School activity that may require transportation to a location away from the school site. I understand that transportation is not the responsibility of and will not be provided by Holy Ghost Catholic School. This activity will take place under the guidance and direction of parish employees and/or volunteers from Holy Ghost Catholic School. A brief description of the activity follows:

Type of event: 5/6th grade football

Locations(s): Various locations (see practice and game schedule)

Individual in charge: Ryan Boudreaux

Duration of activity: Various times throughout August-November 2017

Mode of transportation to and from event: Parents are responsible for all transportation

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Holy Ghost Catholic School, its officers, directors and agents, and the Diocese of Baton Rouge, coaches, chaperons, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Baton Rouge, coaches, chaperons, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Signature: _____ Date: _____

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MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____ Phone: _____
Family doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy #: _____
Signature: _____ Date: _____

Medications: The only medications that will be administered at a Holy Ghost Catholic School athletic and sporting event/practice are: asthma medications, diabetes medications, and/or epinephrine injections (i.e., EpiPen®), for the emergency treatment of anaphylaxis.

My child is currently prescribed an emergency medication listed above. My child will bring all such medications necessary to all events/practices and give it to the adult in charge. Such medications will be well labeled and include prescribing physician, prescribing physician's phone number, dosage, and frequency of dosage. Names of medications and specific directions for dosing are as follows:

| What is the medication and when should the medication be used | Dosage | Frequency of dosage |
|---|--------|---------------------|
| | | |
| | | |
| | | |

Signature: _____ Date: _____

Specific Medical Information:

The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? YES / NO

Has child recently been exposed to contagious disease or conditions, such as mumps, measles,

chickenpox, etc.? If so, date and disease or condition: _____

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Does child have any physical limitations? YES / NO

You should be aware of these special medical conditions of my child:

I, the undersigned, consent for my child, named above, to participate in the above referenced Holy Ghost Catholic School program. My child has no known physical or other condition that would limit or restrict full participation in the above referenced Holy Ghost Catholic School program.

Signature: _____ Date: _____

Additional Contact information: Please print

| | | | | |
|-------------------|------------|------------|------------|-------|
| Mother's Name | Home Phone | Cell Phone | Work Phone | Email |
| | | | | |
| Father's Name | Home Phone | Cell Phone | Work Phone | Email |
| | | | | |
| Emergency Contact | Home Phone | Cell Phone | Work Phone | |
| | | | | |
| Emergency Contact | Home Phone | Cell Phone | Work Phone | |
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