

PARENT/GUARDIAN CONSENT FORM

Parent/Guardian consent, medical history, and physical evaluation are to be completed:

1. New Students
2. Students participating in school sports programs.

Student's Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Age: _____ Grade: _____ Sex: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Mom/Guardian Name: _____

Home #: _____ Cell #: _____ Pager # _____

Work Place _____ Work #: _____

Father/Guardian Name: _____

Home #: _____ Cell #: _____ Pager # _____

Work Place _____ Work #: _____

Name of Insurance Provider: _____ Policy Number: _____

Name of Insured: _____ Social Security Number: _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

HEALTH HISTORY: (Please explain any yes answers)

a) Any known chronic illness; Asthma, Cystic Fibrosis, Diabetes, Heart, etc. Yes: _____ No: _____

b) Any known allergies; drug, environmental, food; describe: Yes: _____ No: _____

c) History of head injury, concussion, seizure, etc.? Yes: _____ No: _____

d) History of hospitalization or surgery; explain: Yes: _____ No: _____

e) Any spinal injuries or spinal defects: Yes: _____ No: _____

f) List **all** medications taken on a daily basis: Yes: _____ No: _____

g) Note special concerns regarding participation in physical education, athletics or sports for your child:

h) Does your child wear contact lens (eyes) or have any orthodontic appliance in their mouth? Yes: _____ No: _____

i) Any recurrent skin rashes, abscesses in past year? (Explain) Yes: _____ No: _____

MEDICAL INFORMATION

Date of Student’s Last Tetanus Booster Vaccination: _____

Drug Allergies or Other Medical Conditions: _____

In case of Emergency, when the above people can not be located call:

_____ Home #: _____ Work #: _____ Cell/Pager #: _____

_____ Home #: _____ Work #: _____ Cell/Pager #: _____

Consent

I, _____, grant permission for my child _____ to participate in extracurricular athletic activities. These activities will take place under the guidance and direction of school employees and/or volunteers. As a parent and/or legal guardian, I remain legally responsible for personal actions taken by the above named minor (“student”). I agree on behalf of myself, my child named herein, our heirs, successors and assigns, to hold harmless and defend _____, its employees, officers, directors and agents, and the Archdiocese of Galveston-Houston, or representatives associated with these activities, arising from or in connection with my child participating in these activities, or in connection with any illness, injury or cost of medical treatment in connection therewith, and I agree to compensate _____, its officers, directors and agents, and the Archdiocese of Galveston-Houston, or representatives associated with the activity for reasonable attorney’s fees and expenses arising in connection therewith.

I hereby warrant to the best of my knowledge, that my child is in good health, and I assume all responsibility for the health and medical care of my child. In the event of a medical emergency, I hereby give permission to school employees and/or volunteers supervising the athletic event to obtain medical services and to transport my child to the nearest hospital/emergency care center for emergency medical or surgical treatment.

Parent/Guardian Signature Relationship Date