

**St Joseph-St Elizabeth Ann Seaton Athletic Program
Emergency Contacts and Parental Consent**

I hereby give my consent for,

Name _____ Birthdate _____ Grade _____
Address _____ Telephone _____

A student at St Joseph-St Elizabeth Ann Seaton School, Fort Wayne, In to participate in the St. Joseph-St Elizabeth Athletic Program during the 2006-2007 season realizing hereby that St Joseph-St Elizabeth School, coaches, the drivers, and any other person or organization authorized to be involved in said program, assume no liability or responsibility for his/her injury.

I case of emergency we can contact:

Name _____ Relationship _____ Phone _____
Family _____
Physican _____ Phone _____
Medical Center _____
Preference _____

Any other physical disability, medical problems or medications that the coach should be aware of: _____

The coach may : Please check if OK

- _____ Apply antibiotic ointment and band aid to open cuts or abrasions
- _____ Ice packs to any injury
- _____ OTC Tylenol/Motrin based on child size
- _____ Any first aide the coaches deem necessary

To the best of my knowledge my child is in good physical condition and hereby has my permission to participate in the St Joseph-St Elisabeth Athletic Program. I also understand our responsibly for the proper care, prompt return or replacement of any sports uniforms or equipment issued to my child

Signed (parent/guardian) _____ date _____