

St. Luke School
Athletic Waiver and Emergency Permission Form
2017-2018

The purpose of this agreement is to enable parents/guardians to give informed consent for their child to participate in organized athletic activities sponsored by St Luke School and to confirm agreement of the parent/guardian regarding waiver and release of liability as a condition of the child's participation in St Luke School's athletic program.

- I agree and understand there are significant risks associated with participation in the St. Luke School athletic program. These risks may range from minor to catastrophic and include the risks of injury, disability, paralysis, or even death resulting from causes including, but not limited to, actions of players on opposing teams, spectators, weather, and transportation associated with participation.
- I agree to assume (known or unknown) risks of participation in St Luke School's athletic program, to release and hold harmless St Luke School, together with its faculty, staff, employees, coaches, volunteers and other agents from any and all claims, liabilities, and damages relating to any injury, regardless of severity or loss of life, relating to my child's participation in athletic activities to include all associated travel.
- I authorize any faculty member, coach, volunteer, or adult supervising athletic activity in which my child participates, to make decisions regarding emergency medical treatment for my child in the event that neither parent/guardian can be reached at a time when medical treatment may be deemed necessary.

STUDENT'S NAME _____ **GRADE** _____ **Date of Birth:** _____

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 including those to medications:

Is the student currently prescribed an Inhaler or Epi-Pen? _____ Provide Details: _____

List any emergency medications: _____

Is the student presently taking any other medication? _____ If so, please list: _____

Does student wear contact lenses? _____ Date of last tetanus shot: _____

Parent/Guardian: _____ **Phone:** _____

Emergency Contact Name: _____ **Phone:** _____

Medical Insurance Provider: _____

Policy Holder Name: _____ **Policy#** _____

Signature of parent or guardian _____ **Date** _____