



PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Parents or Guardian must fill out a form for each sport played, each season.

Participant's name:

Birth date: _____ Sex: _____

Parent/Guardian's name:

Home address:

Home phone : _____ Cell/Mobile phone: _____

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

to participate in this parish/school activity that may require transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from St. Edward Epiphany Catholic School. A brief description of the activity follows:

Type of event: Athletic Sport Team Events

Name

of

Sport:

Location(s): St. Edward Epiphany Catholic School and meet/game venues

Individual in charge: Adam Burgess, Athletic Director Emily Elliott, Principal

Duration of activity: Varies with sport and season

Mode of transportation to and from event: Parents

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 St. Edward Epiphany Catholic School, its officers, directors and agents, and the Diocese of Richmond , 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/school, its officers, directors and agents, and the Diocese of richmond ,

coaches, chaperons, representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Signature: _____ Date: _____

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: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the St. Edward Epiphany Catholic School, coaches, chaperons, or Richmond Diocese representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature:

_____ Date: