

St. John the Baptist Catholic School

350 Emery Street, Longmont, CO 80501



Catholic Schools Athletic League - Parental Permission and Health Authorization Form

Child's Name: _____ Parish: _____

Address: _____ Phone: _____

School: _____ Grade: _____ Birthdate: _____

Parent/Guardian's Name: _____

Address: _____
(Street, City, Zip)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Person, other than parent, to notify in case of emergency:

Name: _____ Cell Phone: _____

I/We, the parent/guardian(s) of the above child, hereby give my/our permission for his/her participation in any and all Catholic Schools Athletic League (CSAL) activities. I/We agree to direct my/our child to cooperate and conform with directions and instruction of the CSAL personnel responsible for the activities.

I/We agree that in the event my/our child is injured as a result of his/her participation in the CSAL activities, including transportation to and from these activities, whether or not caused by the negligence of the parish/school program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital, or medical insurance, or any available benefit of mine/ours.

I give the school my permission to take my child to a hospital to receive emergency treatment. I hereby consent to any x-ray examination, medical or surgical diagnosis or treatment, and hospital care to be rendered to my child under the general or direct supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act. I also consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to my child by a dentist under the provision of the Dental Practice Act. I authorize the medical facility to release my child into the custody of a school representative should hospital care no longer be needed. I understand that this is only in an extreme emergency and when the parent or legal guardian cannot be reached. I understand that I am responsible for any expenses incurred by the medical and /or dental diagnosis or treatment. I agree to pick up my child if he/she is sick or injured. If I cannot be reached, the above emergency contacts can be called to pick up my child.

In the event we cannot be reached in an emergency, I/we hereby give permission for:

Adult Leader(s): _____

To authorize by his/her signature whatever medical treatment may be considered necessary by the attending physician for my/our child.

Parent/Guardian Signature: _____ Date: _____

BOTH SIDES OF THIS FORM MUST BE COMPLETED



MUST BE COMPLETED BY PARENT OR GUARDIAN

Family Physician: _____ Phone: _____

Address: _____ Phone: _____

Medical Insurance Policy: _____ Policy #: _____

Hospital Preference: _____

Have/Subject to (Check if Yes):

Asthma Fainting Spells Convulsions Diabetes Heart Trouble

Allergy or Reaction to ANY Medication, Insect Bites/Stings, Food (Please List):

Sport Restrictions (Please List): _____

Other (Please Describe): _____

Difficulty with (Check if Yes):

Eyes, Ears, Nose, Throat Digestion Lungs Menstrual Problems

Any condition now requiring medication? If yes, name of Medication: _____

Reason for medication: _____

Any restriction of activity for medical reasons? Explain: _____

IT IS STRONGLY RECOMMENDED THAT EACH CHILD HAVE A PHYSICAL EXAMINATION PRIOR TO SPORTS PARTICIPATION

Risk of Injury

The CSAL program would like to advise you that persons competing in athletic programs risk minor, serious, or permanent injury to themselves or to others. Such injury can include, but not be limited to, injuries to head, tissues and muscles, bones and joints, eyes, ears, face, feet, and hands. Injuries can be caused by, but not limited to, collisions with opponents and teammates, by falling, by colliding with the floor, building fixtures or sports equipment, by running or merely as a result of activity. Protective equipment employed in sports is not a safeguard against injury.

Please read and sign below that you acknowledge that you have read and understand this information and that you have explained this to your child. The child must also sign below that he/she has read or had this information explained to him/her.

Signature of Parent/Guardian: _____ Date: _____

Signature of Participant: _____ Date: _____

THIS FORM MUST BE AVAILABLE AT ALL CSAL ACTIVITIES

