

***Our Lady of Fatima Catholic School
Catholic Schools Athletic League
Parental Permission and Health Authorization Form***

Child's Name: _____ Parish: _____

Address: _____ Phone: _____

School: Our Lady of Fatima Catholic School Grade: _____ Birthdate: _____

Parent/Guardian's Name: _____ Phone: _____

Address: _____ Work Phone: _____

(Street, City, Zip)

Cell Phone: _____

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

Name: _____ Phone: _____

Cell Phone: _____

I/We, the parent/guardian of the above child, hereby give my/our permission for his/her participation in any and all Catholic Schools Activities 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 provisions 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: _____ **Adult Leader:** _____

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:** _____

Parent/Guardian Signature: _____ **Date:** _____

BOTH PAGES 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

_____ Sport Restrictions (please list): _____

_____ Other (please describe): _____

Difficulty with (check if yes):

_____ Eyes, Ears, Nose, Throat _____ Digestion _____ Lungs _____ Menstrual Problems

_____ Conditions now requiring medication? Name of Medication: _____

Reason for medication: _____

_____ 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 understood this information and that you have explained this to your child. The child must also sign below that he/she has read and 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