



**St. Mary of the Woods Athletics  
Medical Permission Form**

Student Name:	_____	Grade:	_____
Father's Name:	_____	Work Phone:	_____
Mother's Name:	_____	Work Phone:	_____
Home Address:	_____		
City:	_____	State:	_____ Zip: _____
Home Phone:	_____		

Person to contact if parents cannot be reached:	
Name: _____	Phone: _____

Medical Insurer: _____	Policy #: _____
Allergies: _____	Medication: _____
Other pertinent facts or conditions pertaining to my child's health:	
_____	
_____	
_____	

I represent that my child \_\_\_\_\_ is in good health and able to participate in any athletic or extracurricular activity sponsored and/or organized by St. Mary of the Woods church or school (herein referred to as "the Athletic Program") during the \_\_\_\_\_ school year. In the event his or her medical condition changes and he/she cannot participate, I will immediately notify the Principle or the Athletic Director.

In consideration of permission granted to my child by the school to participate in the Athletic Program, I do hereby release and discharge St. Mary of the Woods Church and School, its agents and employees, including but not limited to the Athletic Board and all coaches and persons aiding in said program, from all claims, demands, and acts which the undersigned now has or may have, or which the undersigned, my heirs, representatives or assigns may have as a result of my child's participation in the Athletic Program. I represent that I have procured hospitalization and medical insurance which would cover treatment for injuries incurred as a result of my child's participation in the Athletic Program.

I give permission for my child to travel to and from away games or events in private passenger car pools. In the event of an emergency, I give permission for my child \_\_\_\_\_ to receive medical attention. Furthermore, I realize that unless this form has been properly notarized, many hospitals will refuse to give needed treatment to my child. I have read this Medical Permission Slip and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
Parent Signature