

ARCHDIOCESE OF MILWAUKEE
Medical Information & Emergency Consent Form

Participant's Name _____

Address _____

City _____ Zip _____ Phone _____

Parent / Legal Guardian _____

Address _____

Employer _____

Home Phone _____ Work Phone _____

MEDICAL INFORMATION:

Family Physician: _____ Phone _____

Group / Address _____

Hospital of preference: _____

Insurance Info: Subscriber: _____ Group #: _____

Policy #: _____ Company: _____

Medical problems: _____

Allergies: _____

In the event of an injury or illness I/we grant permission to any and all health care providers designated by _____ to provide my/our child _____

any and all necessary medical care related to the injury or illness. I/we further understand I/we will be contacted as soon as practical as to the medical emergency and be provided with all necessary information related to the medical emergency.

Signed this _____ day of _____ 20____

Parent / Legal Guardian

Parent / Legal Guardian

ARCHDIOCESE OF MILWAUKEE

Parent's and/or Legal Guardians

Risk Acknowledgement and Consent to Participate Form

Participant _____ Birth Date _____

Address _____

Height _____ Weight _____ Grade _____

Name(s) and Address(s) for Parent/Guardian

My/our child wishes to participate in the sport of _____

during the _____ (season) of _____ (year).

I/We realize that there are numerous risks involved in participating in the sport of _____. These risks could involve (but are not limited to): sprains, contusions, broken bones, lacerations, concussions, permanent disability, internal injuries, paralysis and possibly death. These risks could impair my/our child's future abilities to earn a living, engage in business, social, and recreational activities and to generally enjoy life. We have been informed about the various risks associated with our child's participation in _____ and the potential injuries that may occur.

I/We assume all responsibility and certify my/our child is in good physical condition and has undergone a sports physical in the past two years. Further, I/we are unaware of any medical condition that would inhibit my/our child's participation.

As a condition of our child's voluntary participation in _____ I/we agree to accept all the previously mentioned risks as a condition of my/our child's participation.

Date: _____

Parent/Legal Guardian

Parent/Legal Guardian