

**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 Vwe 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 Vwe 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