

**Diocese of Grand Rapids
 Medical Treatment Release Form
 For Field Trips and Sports Programs**

Grade _____

Please complete one form for each child.

As a parent/guardian, I do hereby authorize first aid/medical treatment of my child in the event of an emergency which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that effort will be made to reach me as soon as reasonably possible.

Name of child: _____ Relationship to you: _____

Address of Child: _____ Phone: _____

Emergency Phone: _____ Cell/Pager: _____

Family Physician: _____ Phone: _____

Address: _____ City: _____

List allergies, medication, contact, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy _____

Group: _____ Contract: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

I certify that I am the (check one) custodial parent legal guardian of the minor child named above, and I agree to the above terms for myself and for my minor child.

Date: _____ Signed: _____

(Parent or Guardian)

For students in Grades 5 – 8 only.

Permission to participate in sports at Assumption School (for grades 5-8)

My child has permission to participate in the Assumption School sports program for this school year. He/she has a current physical examination (one completed by a physician after May 15) on file in the school office.

_____ Date

_____ Signature of parent