

# Watertown Catholic School Athletics Informed Consent Form

**Athlete's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

I give my permission for \_\_\_\_\_ to participate in athletics at Watertown Catholic School during the **2018-2019** school year. Further, I authorize the team/league to provide emergency treatment of any injury or illness my child may experience if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to so.

**Parent's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Emergency Information

Parent/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies (drug or environmental): \_\_\_\_\_

Medications: \_\_\_\_\_

Does athlete wear contacts:  Yes  No

*Watertown Catholic School St. Bernard Campus and St. Henry Campus do not provide insurance to cover the children in case of accident or injury.*

**Parent's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

THIS FORM IS TO BE CARRIED BY THE COACH DURING ALL PRACTICES AND GAMES-HOME AND AWAY-TO BE USED IN THE EVENT OF ATHLETE'S ILLNESS OR INJURY