

BLESSED TRINITY CATHOLIC HIGH SCHOOL  
EMERGENCY INFORMATION AND ATHLETIC/EXTRACURRICULAR PARTICIPATION FORM  
2011 - 2012 School Year

*Please complete using a blue ink pen. Initial and sign where indicated.*

Student Name \_\_\_\_\_ Sex M F Grade Level 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>  
Last First M.I.

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_ Parent's Names: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Cell #:(\_\_\_\_\_) \_\_\_\_\_ Mother's Cell #:(\_\_\_\_\_) \_\_\_\_\_ Home #:(\_\_\_\_\_) \_\_\_\_\_

Father's Wk #:(\_\_\_\_\_) \_\_\_\_\_ Mother's Wk #:(\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**EMERGENCY INFORMATION**

**List the Following:** Current Medication(s): \_\_\_\_\_

Drug/Food Allergies: \_\_\_\_\_

Medical Problems/conditions: \_\_\_\_\_

Physician Name and #: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

**EMERGENCY CONTACTS**

**Please list two local persons whom we may contact in the event of an emergency if we are unable to contact the parents.**

Name & Relationship: \_\_\_\_\_ Name & Relationship: \_\_\_\_\_

Two Phone #'s: \_\_\_\_\_ Two Phone #'s: \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_ Ins. Policy No: \_\_\_\_\_

Ins. Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Policy Holder's Name & DOB: \_\_\_\_\_

**AUTHORIZATION AND CONSENT TO MEDICAL TREATMENT**

Understanding that my child may need emergency medical treatment during school hours or at school activities while she or he attends Blessed Trinity Catholic High School, I authorize the School, through its nurse, certified athletic trainer, team physician or other qualified person, to administer such first aid or other minor medical treatment as shall be deemed best under the circumstances, and I consent for my child to receive such treatment. I understand that the School will attempt to notify me or my spouse in the event of an emergency requiring immediate medical care for my child, and if the School is unable to notify me, it will have my child treated by a duly qualified physician at the nearest emergency facility. This authorization applies to all school sponsored programs. I acknowledge that it is my responsibility to keep my child's records current to reflect any communicable disease. I also understand the obligation to provide medical insurance for my child rests with me as a parent.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTAL CONSENT FOR ATHLETIC OR OTHER EXTRA-CURRICULAR PARTICIPATION**

My child, \_\_\_\_\_, has the opportunity to participate in intramural and interscholastic organized sports, athletic, or other activities provided or sponsored by Blessed Trinity Catholic High School. I fully realize and acknowledge that, even with coaching and the use of equipment, injuries are a possibility in any sport or athletic activity, and I recognize that, on rare occasions, these injuries can be so severe as to result in total disability, paralysis or even death. Realizing such, and in consideration of my child being allowed to participate in intramural and interscholastic organized sports, athletics, or other activities provided or sponsored by Blessed Trinity Catholic High School:

**PLEASE INITIAL EACH STATEMENT AND SIGN BELOW.**

INITIAL

\_\_\_\_\_ I give my express permission for my child to participate fully in any intramural and interscholastic organized sports, athletics, or other activities provided or sponsored by Blessed Trinity Catholic High School; **I also give my consent for my child to accompany any school team for which my child is a member on any of its local or out-of-town trip; I fully understand that the school will provide transportation when it is possible. If this is not possible, my child may only transport him or herself or be transported by an authorized adult;**

\_\_\_\_\_ I assume all risks, including any risks associated with any special medical needs or condition of my child, as listed on the Preparticipation Physical Evaluation Form, and of my child's participation in any such sport or activity (including travel incident thereto); I authorize any coach or other adult supervising any sport, athletic, or other activity in which my child participates to obtain on behalf of my child, in my absence and at my expense, any necessary emergency medical services which may be required as a result of an injury to my child in connection with such participation (including travel incident thereto); Furthermore, I give my/our consent for the school's Certified Athletic Trainers, Coaches, Team Physicians, Team Chiropractor, moderators and emergency personnel to use their best judgment in securing medical aid and ambulance service in case I/we cannot be reached. Such care for managing their injury or injuries may include but is not limited to suturing, injectable analgesics, IV fluid, Nebulizer treatment, over the counter medication, adjustments, splint application or any other care deemed necessary; I certify that I have insurance reasonably sufficient to cover my child against injury and loss of life caused to my child or caused by my child in connection with such participation and travel; I agree that all expenses relating to or arising out of any such injuries or loss of life will be my financial responsibility, and my child and I agree to release, hold harmless and indemnify Blessed Trinity Catholic High School and its officers and employees against any and all claims, liabilities, damages and expenses, including reasonable attorney's fees, with respect to any injuries, regardless of severity, or loss of life relating to or arising out of my child's participation, including travel, in any such sport or activity.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

11320 Woodstock Road, Roswell, Georgia 30075  
678.277.9083 fax 678.277.9756

Graduation Year

FIRST NAME

LAST NAME

Student's: