

**Please check one sport
for this form**

- Flag Football
- Girl's Volleyball
- Tennis
- Boy's Basketball
- Girl's Basketball
- Track & Field
- Girl's Softball
- Spirit Squad
- Intramurals
- Soccer



AFTER SCHOOL PERMISSION SLIP
School Year 2016 - 2017

For School Use Only

- Date Received: _____
 Physical: Attached
 On file
 Reviewed by School Nurse
 Participation approved
 Participation approved with
 Limitations
 Participation NOT approved
 (Reason: _____)

Student's Name: _____ **Grade:** _____ **Teacher:** _____

Contact Information

	Name	Home #	Cell #	Work #	Email
Mother					
Father					
Emergency	Relationship: _____				
Physician					

My child may be picked up by _____ or _____

Are there any medical or other conditions that we should be aware of? Yes No

If yes, please explain: _____

- I hereby certify that my child does not have any medical conditions that limit or prevent his/her safe participation in these activities.
- I have attached a copy of current physical or one is on file with the school nurse.

****In compliance with school policy concerning students engaged in the after-school sports program, current physicals are required of all participants. The school nurse MUST have a copy of your child's physical before he/she can compete in interscholastic athletics.****

Medical Release and Liability Waiver

The patient and others whose signatures are attached below do hereby consent to any and all medical and surgical treatments including anesthesia and operations which may be deemed advisable by his or her physicians and surgeons. The intention hereof being to grant authority to administer and to perform all and singularly and examinations, treatments, anesthetics, operations and diagnostic procedures which may now or during the course of the patient's care be deemed advisable or necessary. We also agree that the patient, when admitted is to remain in the hospital until his or her physician recommends discharge.

I / We, the parents of the above named child, hereby give my/our approval to participate in any and all school activities, including transportation to and from the activities via carpools or school arranged transportation.

I / We know that participation in youth athletic activities may result in serious injury and protective equipment does not prevent all injuries to players/participants, and do hereby waive, release, absolve, indemnify and agree to hold harmless St. Michael's Parish Day School, the organizers, sponsors, supervisors, participants and persons transporting my/ our child to and from activities for any claim arising out of any injury to my/ our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

In witness of my/our consent and agreement to the matters stated in the three preceding paragraphs, I/ we have subscribed my/ our signature(s) below:

Parent/Guardian: _____

Date: _____