

**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



**For School Use Only**

Date Received: \_\_\_\_\_

Physical:  Attached  
 On file

Reviewed by School Nurse

Participation approved

Participation approved with Limitations

Participation NOT approved (Reason: \_\_\_\_\_)

**AFTER SCHOOL PERMISSION SLIP**  
**School Year 2018 - 2019**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Contact Information**

	Name	Relationship	Cell #	Work #	Email
Parent/Guardian #1					
Parent/Guardian #2					
Emergency contact					
Physician					

- My child may be picked up by \_\_\_\_\_ or \_\_\_\_\_
- My child will go to After Care when practice is over.

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: \_\_\_\_\_