

**St Elizabeth Ann Seton Athletic Program  
Emergency Contacts and Parental Consent**

**I hereby give my consent for:**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

A student at St Elizabeth Ann Seton School, Fort Wayne, IN (or a sport-affiliated sister school) to participate in the St Elizabeth Athletic Program during the 20\_\_-20\_\_ season realizing hereby that St Elizabeth School, coaches, the drivers, and any other person or organization authorized to be involved in said program, assume no liability or responsibility for his/her injury.

**In case of emergency we may contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Medical Center Preference \_\_\_\_\_

Any other physical disability, medical problems or medications that the coach should be aware of: \_\_\_\_\_  
\_\_\_\_\_

**The coach may: Please check if OK**

- \_\_\_\_\_ Apply antibiotic ointment and band aid to open cuts or abrasions
- \_\_\_\_\_ Ice packs to any injury
- \_\_\_\_\_ OTC Tylenol/Motrin based on child size
- \_\_\_\_\_ Any first aid the coaches deem necessary

To the best of my knowledge my child is in good physical condition and hereby has my permission to participate in the St Elizabeth Athletic Program. I also understand it is our responsibly for the proper care, prompt return or replacement of any sports uniforms or equipment issued to my child.

\_\_\_\_\_ (Parent/Guardian Signature)  
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