



Saint Thomas & Saint Timothy School

Sports Permission Form and Emergency Information

My child, _____, entering grade _____, (boy) (girl) is in good health and able to participate in the competitive athletic program at the Saint Thomas the Apostle School. I realize that I am responsible for providing adequate insurance in the event of accidental injury. He/she has my permission to participate in the STA sports programs below. (Check the sport you wish for your child to participate in).

WINTER:

____ 4th Grade Basketball

____ 5th Grade Basketball

I give Saint Thomas the Apostle School's representative permission to authorize emergency medical treatment in the event of an injury and agree to accept financial responsibility for this treatment.

(Signature of parent/guardian)

(Date)

(Emergency Contact Information on next page)



Saint Thomas & Saint Timothy School

Emergency Contact Information

Parent's Home Phone: _____ Email Address: _____

Mother/Guardian's Work Phone: _____

Father/Guardian's Work Phone: _____

Emergency Contact Person

Name: _____ Phone: _____

In case of emergency, hospital preference:

Physician's name: _____ Phone: _____

Dentist's name: _____ Phone: _____

Does your child wear contact lenses? _____

Please state any health concerns about which the coach should be made aware, e.g. asthma, current injuries, medications taken, etc. If a problem regarding these conditions arises, how do you wish the coach to handle it? Use additional sheets if necessary. *(Please write N/A if there are none)*
