



JOHN PAUL II HIGH SCHOOL

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CATHOLIC MUTUAL "CARES" Liability Waiver

ATHLETIC AND SPORTING EVENTS

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____

Birth Date: _____

Parent/Guardian's Name: _____

Home address: _____

Home Phone: _____ Business Phone: _____

I, _____, grant permission for my child, _____,
PARENT OR GUARDIAN CHILD'S NAME

To participate in this parish activity that may require transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from _____. A brief description of the activity follows: _____ NAME OF PARISH

Type of event: _____

Location (s): _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & Relationship: _____
Phone# _____

Family Doctor: _____
Phone# _____

Family Health Plan Carrier: _____ Policy # _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the _____, Coaches, chaperones, or _____.

Representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea; I want to be called collect (with phone charges reversed to me).

Signature: _____ Date: _____

SPECIFIC MEDICAL INFORMATION: The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet?

: _____

Are there any physical limitations? :

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition:

You should be aware of these special medical conditions of my child:
