



Diocese of Steubenville
Office of Christian Formation and Schools
Form M-9

**PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER
FOR PARTICIPATION IN ATHLETIC AND SPORTING EVENTS**

Child/Student's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business phone: _____

I, _____, grant permission for my child, _____,
Parent/guardian's name Student's name

to participate in the following athletic activity: _____
Name of athletic event/activity

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named "student". I also agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend

_____, its officers, directors, agents, coaches,
Name of school

chaperones, representatives associated with the activity/event, and the Diocese of Steubenville; arising from or in connection with my child participating in or attending the event, or in connection with any illness or injury or cost of medical treatment in connection therewith.

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

Signature: _____ Date: _____

(See backside for Additional Medical Matters)

Additional Medical Matters

Of the following statements pertaining to medical matters, complete only those that are applicable:

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

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: _____

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____