

Buffalo Academy of the Sacred Heart

ATHLETIC PERMISSION AND MEDICAL RELEASE FORM

The Athletic Handbook is on the athletics page of the school's website at www.sacredheartacademy.org.

Parental Permission (to be completed by parent or guardian)

My daughter _____ in grade ___ has my permission to participate in the interscholastic sport of _____.

I have read and understand the Sacred Heart Athletics Handbook and will help her abide by the rules and expectations.

Signature of Parent/Guardian

Date

Athletic Handbook Consent (to be completed by student-athlete)

I have read the Athletic Handbook and agree to abide by the rules and expectations.

Signature of Student-Athlete

Date

EMERGENCY INFORMATION

Parent/Guardian names _____

Address _____

Home Phone _____ Cell Phone _____ Cell Phone _____

Email address _____

Daughter's Physician _____ Phone _____

Allergies _____

Medications _____

Medical Conditions _____

If parent/guardian cannot be reached in an emergency, please contact:

Name

Relationship

Phone

MEDICAL RELEASE

My permission is hereby given to the school representative to authorize, by his/her signature, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency if I cannot be contacted.

Signature of Parent/Guardian

Date