



OUR LADY OF VICTORY CATHOLIC SCHOOL

A National Blue Ribbon School of Excellence

MEDICAL EMERGENCY FORM FOR ATHLETICS

(This form is required for students participating in the Middle Division Athletic Program)

Name: _____ DOB: _____ SS#: _____ - _____ - _____

Address: _____ City: _____ Zip: _____

Father's Name: _____ Phone: () _____

Mother's Name: _____ Phone: () _____

Doctor's Name: _____ Phone: () _____

Health Ins. Company: _____ Policy Number: _____

Please list any medical conditions we should be aware of:

All medications that are necessary during the Athletic Program must be administered by custodial parent(s)/guardian(s).

It is further acknowledged and agreed upon by parent(s)/guardian(s) that all medications, including medical supplies, for child must be furnished directly to the Athletic Director so that same is accessible for use in the OLV gymnasium and/or athletic fields. This is in addition to medications/medical supplies furnished to OLV's clinic for use during the school day.

_____/_____
Signature of Parent(s)/Guardian(s) Date

Emergency Medical Treatment Authorization: In the event of an emergency, I, being the legal guardian of the child listed above, authorize Our Lady of Victory Catholic School and its representatives to secure medical treatment as necessary to ensure the well being of my child.

_____/_____
Signature of Parent(s)/Guardian(s) Date

Waiver: I understand that my child's participation in athletics is a potentially dangerous activity. By signing below I agree to have my child undergo a mandatory physical with a medical professional to certify that my child is in the proper physical condition to compete in athletic activities and that I assume all risks associated with their participation. These risks include but are not limited to falls, physical contact with other participants, the effects of weather (including rain and humidity), playing conditions at the event, transportation to and from the events (including community service projects), and all such risks being known and appreciated by me. Having read this waiver and knowing these facts, I hereby give my approval for my child's participation in Our Lady of Victory Catholic School athletics. I also agree to waive, release, absolve, indemnify and hold harmless the Archdiocese of Atlanta and its representatives; Our Lady of Victory Catholic School and its representatives, and the persons or parents supervising or transporting participants to or from such activities from any claims arising out of injury to my child. In the event of an injury suffered by any child during the transportation to and from the school, I agree to look solely to the insurance carrier providing coverage on the transporting vehicle for compensation.

_____/_____
Signature of Parent(s)/Guardian(s) Date

Revised 1/11/10