

**ATHLETIC DEPARTMENT
MEDICAL WAIVER FORM/PERMISSION SLIP**

TO WHOM IT MAY CONCERN:

I, the undersigned parent/guardian, of _____ do hereby give him/her permission to participate in interscholastic athletics on the _____ team at Central Catholic High School. I also understand that neither the school nor the athletic department shall assume any financial responsibility in the case of my son or daughter. If, in the case of injury, I give my permission to any member of the Central Catholic Athletic Department to act in my behalf in the event of a medical emergency involving my son/daughter while participating in either a practice or an interscholastic contest during the season of competition.

Signature of Parent/Guardian

Date

Home Telephone Number: _____

Cellular Telephone Number: _____

Work Telephone Number: _____

Alternate (Spouse) Telephone Number: _____

Known Allergies: _____

Medications: _____

Hospital you prefer in case of an emergency: _____

Insurance Company/Health Plan Carrier: _____

Insurance Policy Number: _____