

**Our Lady of Victory Catholic School
AUTHORIZATION FOR MEDICAL TREATMENT AND PARTICIPATION**

Name _____ Grade _____ Age _____
 Address _____ Home Phone _____
 City _____ State _____ Zip _____

Physician _____ Phone _____
 Dentist _____ Phone _____
 Health Ins. Co. _____ Policy # _____

In case of emergency I/we DO give permission for the coaches or supervisors responsible for supervising my/our child, _____, to arrange medical/dental care inclusive of diagnostic testing whenever in the course of such supervision the Coach/Advisor or any attending physician or other competent medical professional deems such are to be immediately needed for the safety of the child and time does not permit giving personal notice of obtaining personal consent to proceed. I/We DO give consent to all emergency medical and dental procedures that are deemed necessary by the attending physician, dentist, or other competent medical professional to preserve his/her life or prevent impairment of his/her health in case time does not permit obtaining my/our personal consent to these procedures.

**Medical History: Date of most recent Tetanus Inoculation: _____
 Provide any health conditions such as allergies, medications, etc. emergency and/or medical personnel should be alerted to in treatment of you child.**

**I/We permit our child to participate in (list 1 sport) _____
 I/We certify that I/we, the parent(s)/guardian(s), have read and understand this consent form and approve the same.**

 Signature Parent/Guardian Date Signature Parent/Guardian Date

PARENT/GUARDIAN EMERGENCY CONTACTS

 Parent/Guardian Phone (H) _____ (W) _____ Cell _____

 Parent/Guardian Phone (H) _____ (W) _____ Cell _____

 Other: Name Phone (H) _____ (W) _____ Cell _____