

CONSENT FOR ATHLETIC PARTICIPATION & MEDICAL CARE

Athlete Information			
Last Name _____		First Name _____ MI _____	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade _____	Age _____	DOB _____
Allergies _____			
Medications _____			
Insurance _____		Policy Number _____	
Group Number _____		Insurance Phone Number _____	

Emergency Contact Information			
Home Address _____		(City) _____	(Zip) _____
Home Phone _____		Mother's Cell _____	Father's Cell _____
Mother's Name _____		Work Phone _____	
Father's Name _____		Work Phone _____	
Another Person to Contact _____			
Phone Number _____		Relationship _____	

PARENTAL CONSENT AND ACKNOWLEDGEMENT OF RISK

I/We do hereby give consent for _____ to represent Lawrence Academy in interscholastic athletics. I/We understand the dangers inherent in and the potential for injury involved during participation in interscholastic athletics and are fully aware that participation carries with it the risk of injury, ranging from minor sprain/strain/contusion, laceration, etc.; joint injuries with or without significant internal derangement; fractures and dislocations; catastrophic injuries resulting in permanent disability of one or more joints, paralysis, and possibly death. **Further, we acknowledge that on rare occasions these injuries are severe and result in disability, paralysis, and even death.** I/We acknowledge that even with the best coaching, the most advanced equipment, and strict observation of the rules, injuries are still possible.

MEDICAL RELEASE AND ASSUMPTION OF RESPONSIBILITY

I/We hereby give permission to Lawrence Academy, its physician(s), athletic trainer(s), athletic first responder(s), and/or emergency personnel to render aid, treatment, medical, or surgical care deemed reasonably necessary to the health and well being of the above individual. I/We further authorize the first responder(s) at the above-named institution who are under direction and guidance of a physician to render any first aid or preventative, rehabilitative, or emergency treatment deemed reasonably necessary to protect the health and well being of the above individual. I/We additionally grant, when necessary for protecting the health and well being of the above individual, permission for hospitalization, treatment or surgery at a competent and/or accredited facility. I/We further release Lawrence Academy, its physician(s), athletic trainer(s), athletic first responder(s), agents, servants, and employees from any liability for damage and injury to the above individual and hereby accept full responsibility for any and all damages or injuries sustained as a result of participation in any sport or extracurricular activity connected with Lawrence Academy.

THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS READ AND UNDERSTANDS THE CONSENT FOR SPORTS PARTICIPATION & MEDICAL CARE FORM.

Signature of Parent/Guardian

Date

Print Parent/Guardian's Name

Signature of Parent/Guardian

Date

Print Parent/Guardian's Name

Signature of Student Athlete

Date

Print Student Athlete's Name