



**LDCSB – London District Catholic School Board
CTAA – Catholic Teachers’ Athletic Association**

INTERSCHOOL ATHLETIC CONSENT FORM

This Form is to be completed on behalf of a student who wishes to participate in interschool sport and must be returned to the coach prior to the athlete’s first tryout.

Your son/daughter has been selected to participate on an interschool team. The following information is requested to ensure their safety:

Name:	Health Card # (optional):
Phone # (Home):	Date of Birth:
Parent Name(s):	Parent Phone #'s (Work, Cell):
Emergency Contact Name/Phone #	Emergency Contact relationship to student:
Family Doctor:	Family Doctor Phone #:
Date of Last Medical Exam:	Date of Last Tetanus Shot:
Medic Alert Bracelet/Necklace Worn?:	Eyeglasses/Contact Lenses Worn:
Relevant Medical History that may limit participation (Major Allergies, Diabetes, Asthma, Concussions, etc.)	

Please note that the LDCSB does not provide any accidental death, disability, dismemberment, medical or dental insurance on behalf of students participating in interschool athletics. For insurance coverage of injuries, parents/guardians are encouraged to consider a Student Accident Insurance Plan from an insurance company of their choice.

By allowing your son/daughter to participate in interschool athletics, you are assuming the risk of an injury occurring. Should medical or hospital services be required by the above listed participant, and with the understanding that every reasonable effort will be made by the coach/school/hospital to contact me, my signature on this form authorizes medical personnel to administer medical and/or surgical services. I understand that any costs will be my responsibility.

Parent Signature: _____

