

BROPHY COLLEGE PREPARATORY

PERMISSION TO TRAVEL FOR SCHOOL APPROVED ACTIVITIES AND AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

MINOR'S STATEMENT OF ACKNOWLEDGEMENT OF RISK

I understand the activities involved in this program may be dangerous and that I could be seriously hurt, paralyzed or even killed. I believe that I am physically and mentally able to participate fully in this program. However, if I sense any change in my physical or mental condition, I will stop participating immediately and inform the nearest official.

I HAVE READ THE PARAGRAPH ABOVE, UNDERSTAND AND AGREE WITH WHAT I HAVE READ, AND CHOOSE TO SIGN THIS STATEMENT. I WILL ACCEPT ALL RISKS OF BEING HURT KNOWN AND UNKNOWN, AND TAKE FULL RESPONSIBILITY FOR MY BEHAVIOR.

DATE _____

MINOR PARTICIPANT'S SIGNATURE _____

NAME (PLEASE PRINT) _____

NAME OF PARTICIPANT _____ AGE: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

TELEPHONE NUMBERS:

HOME (_____) _____

WORK (_____) _____

Does your child have any severe medical problems, i.e. asthma, allergy to medications, allergy to bee stings, heart trouble, epilepsy, diabetes, physical handicaps, etc.? Please specify:

Should there be any limits on his physical activity? If so, what are they? _____

Has your child had any serious illness in the last three years? If yes, please explain: _____

May we contact the doctor for medical reports? YES _____ NO _____

In case of emergency, person to contact if parent/guardian cannot be reached?

Name _____ Address _____

City, State, Zip _____ Telephone _____

What relationship is this person to the program participant? _____

Is the participant covered by medical insurance? YES _____ NO _____

If yes, what kind? Medi-Cal _____ Kaiser _____ Other _____

Please provide medical coverage information (Medi-Cal card number, Kaiser card number, or other insurance claim form): _____

When was the last time your son had a complete physical examination?

Date _____ Doctor's Name _____

Address _____

City, State, Zip _____

Telephone _____

I do hereby authorize the performance of medical examinations and necessary treatments (including beds, x-rays, drugs, etc.) as may be deemed advisable for the period of time that my minor child or legal ward is enrolled as a participant in the Aztec Football Passing Camp & Tournament. If an emergency arises requiring a major medical procedure, the program will attempt to reach me and to be guided by my wishes, but if I cannot be reached, I authorize the attending physician to act as medical judgment may dictate.

PARENT/GUARDIAN SIGNATURE _____ DATE _____