

**TRUE CROSS CATHOLIC SCHOOL
RELEASE OF LIABILITY FORM**

This is to certify that my child, _____, has my permission to participate in extracurricular activities sponsored by True Cross Catholic School, including all of their athletic programs. I hereby release and save harmless True Cross School and any and all of its employees, volunteers or students from any and all liability for any and all harm arising to my child as a result of these activities, including walking or vehicular transportation to or from associated events. In my absence, I authorize True Cross Catholic School or any of its employees to secure medical treatment for my child in the event of an emergency, accident or illness. I request and authorize physicians, dentists and staff, duly licensed Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment on the above minor. I have not been given a guarantee as to the results of the examination or treatment.

Furthermore, I have furnished the school with documentation of any existing medical conditions which may affect my child's participation in True Cross Catholic School athletic program.

Student's Birthday: ____/____/____ Age as of September 1: ____ Grade: ____

Date of Last Tetanus Booster: _____

Known Allergies (including medication) and/or Known Medical Problems:

Father's Name: _____ Work Number: () _____

Mother's Name: _____ Work Number: () _____

Address: _____

Home Phone Number: () _____ Other Phone Numbers: _____

Other Emergency Contact: _____

Phone Number: () _____

Student's Physician: _____ Phone Number: () _____

Hospital: _____ Phone Number: () _____

Name of Insurance Carrier: _____ Policy Number: _____

Name of Insured: _____ Phone Number: () _____

Signature: _____ Date: _____

Printed Name: _____ Relationship to Student: _____