

**ST. FRANCES CABRINI SCHOOL CYO SPORTS
EMERGENCY INFORMATION FORM AND LIABILITY WAIVER**

Participant's Name: _____ Birth date: _____
Parent/Guardian's Name: _____
Home Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

MEDICAL MATTERS

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

EMERGENCY MEDICAL TREATMENT:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above numbers, contact:

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Family Doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy #: _____

SPECIFIC MEDICAL INFORMATION:

The school will take reasonable care to see that the following information will be held in confidence:

Allergic reactions (medications, food, plants, insects, etc.): _____

Immunizations – Date of last tetanus/diphtheria immunization: _____

Does the child have a medically prescribed diet? _____

Does the child have any physical limitations? _____

Is the child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting, etc.? Please list: _____

Has the child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc. If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____

As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant.

I agree on behalf of myself, my child named herein, of our heirs, successors and assigns, to hold harmless and defend St. Frances Cabrini School, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperons, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses, and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the school, its officers, directors and agents, and the Corporation of the Archbishop of Seattle, chaperons, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Signature: _____ Date: _____