

MEDICAL TREATMENT RELEASE FORM

I, _____ give Cardinal Newman High School
(Name of Parent or Guardian)

and its designated representative, _____,
(Name of Coach)

permission to transport and sign all forms related to the necessary medical treatment for

_____. I also permit any and all required medical
treatment to be administered by qualified medical personnel.

List the medication the participant is taking: _____

List the medication the participant is **allergic** to: _____

Father's Business Phone/Cell

Mother's Business Phone/Cell

Emergency Contact _____ Phone _____

Relationship _____

Signature of Parent or Guardian

Date

Signed before me this _____ day of _____
in the year 20___. The State of Florida, the County of Palm Beach.

Personally known _____

Or Produced Identification _____

Type of Identification Produced _____

SEAL _____

(Notary's Signature)

(My Commission Expires)

**STUDENT PARTICIPATION AND PARENTAL APPROVAL FORM
(REQUIRED ONLY FOR ATHLETES)**

Name of Student _____

Date of Birth _____

This application to compete in interscholastic athletics for the above high school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the Florida High School Activities Association.

Signature of Student

Date

PARENT'S OR GUARDIAN'S PERMISSION

I hereby give my consent for the above named student: (1) to represent his/her school in athletic activities with the exception of any activities not approved for my child by his doctor and so stated on the required health report, provided that such athletic activities are approved by the Florida High School Activities Association; (2) to accompany any school team of which he/she is a member on any of its local or out-of-town trips. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school or anyone acting in its behalf or the Florida High School Activities Association responsible for any injury occurring to the above named student in the course of such athletic activities or such travel.

Signature of Parent or Guardian

Date

Street

City

Zip Code

Home Phone _____
Area Code _____

This form is to be filled out completely and given to the coach **no later than the first day of practice.**