



MEDICAL TREATMENT AUTHORIZATION AND TRAVEL AUTHORIZATION

I hereby give permission for my child, *(Student-Athlete's name)* _____, to participate in the St. Bonaventure Athletic Program and travel with his/her team for athletic contests for the 2015-2016 school year.

In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician is deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s) guardian(s).

I fully understand that my child is to accept all rules and requirements governing conduct during his/her season of sport. It is understood that any child determined to be in violation or unfulfilling of these behavior standards will be sent home at parent's/guardian's expense, or as provided in Education Code Section 35330.

I hereby release and discharge Saint Bonaventure High School, its officers, employees, agents, and servants from all actions, claims, or demands that I, my heirs, distributes or assigns may have for injury to person or property arising out of or in connection with the above athletic contest. I have read this agreement carefully and fully understand its contents and agree thereto.

Name of Parent / Guardian: _____ Phone #1: _____
Address: _____ Phone# 2: _____
Health Insurance Company: _____
Policy Number: _____ Group Number: _____

Please list any health issues the coach may need to know about: *(Attach another sheet if necessary)*

Emergency Contact Info: In the event of illness or accident, if different from above, please contact:

Name : _____ Relation: _____ Phone: _____

Signature of Parent / Guardian: _____ Date: _____