



**Athlete Name:** \_\_\_\_\_

**MEDICAL TREATMENT RELEASE FORM**

To Whom It May Concern:

As parent/guardian, I, \_\_\_\_\_, do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Reason for which release is intended:                     **Athletics**                    

Address of Minor: \_\_\_\_\_ City: \_\_\_\_\_

Emergency Phone(s): \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_ City: \_\_\_\_\_

List allergies, medication, contract, or other pertinent comments:  
\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Data:

Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Group: \_\_\_\_\_ Contract: \_\_\_\_\_

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Parent or Guardian)





## Attention Catholic League Athletes and Parents

ATHLETE'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ DATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

### **ASSUMPTION OF RISK -- PROOF OF INSURANCE**

The coaching staff is concerned with our safety and wants you to receive the benefits of athletic participation.

I \_\_\_\_\_ (athlete signature), Student athlete, have read the above and agree that I have been warned as to injury and accept the responsibility of possible injury

I hereby consent to participation by my child, \_\_\_\_\_ (athlete name), in the sport described above. In consideration of my child being allowed to participate in this sport, I hereby agree on behalf of myself and my child, to release **Mercy High School** and/or Parish, the Roman Catholic Archdiocese of Detroit, and any and all affiliated organizations, their employees, agents and representatives (Releasees) from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the sport. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the sport. This release of indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

I am the parent or legal guardian of the above named student and have read the above and recognize the risk in participation and injury. (Signature below)

The student is covered by an insurance policy in effect for the school year:

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Policy or group number (Contact Athletic Director ASAP if no policy exists)

### **ATHLETIC CODE OF CONDUCT AGREEMENT**

We, the undersigned, have received, read and will comply with the Mercy Athletic Code of Conduct and all regulations contained within for the \_\_\_\_\_ School Year.

School Year

We understand that by signing this form, we are agreeing to uphold the standards set forth in the Mercy Athletic Code of Conduct for the duration of the Mercy Athletic and School year.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Athlete Signature

### **IMMEDIATE POST-CONCUSSION ASSESSMENT AND COGNITIVE TESTING (ImPACT)**

We, the undersigned, have received, read and understood the information regarding ImPACT as supplied in the Mercy Athletic Code of Conduct and give permission for my/our daughter to participate in the ImPACT Concussion Management Program. I also agree to ensure a valid test by following the guidelines.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Athlete Signature

**I have received, read, and understand the following:**

- Assumption of Risk/Code of Conduct Agreement Form
- **Athletic Code of Conduct** –includes ImPact Information (available on [www.mhsmi.org/athletics](http://www.mhsmi.org/athletics))
- Medical Treatment Authorization/ Text Messaging/Change in Transportation Forms

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Athlete Signature

I, the undersigned, give permission for my daughter's GPA and/or transcript to be released for the purpose of nomination for Athletic Awards/Honor Teams.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_