

**Saint Isaac Jogues
Athletic Department
Interscholastic Athletic Program
Parental Consent Form**

Family Last Name _____

Child's Name	Date of Birth	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Insurance Company and group# _____

Family Physician _____ Phone _____

Emergency Contact _____ Phone _____

It is our understanding that St. Isaac Jogues School, or its Athletic Department will not assume the responsibility for any medical claims resulting from any injury to the above named athlete(s) while practicing or participating in an interscholastic sport.

In the case of an emergency, if parent/guardian or family physician cannot be reached, I (we) hereby authorize another licensed physician the authority to treat my/our children.

Signature of Parent/Guardian

Date