



# Saint Thomas & Saint Timothy School

## Sports Permission Form and Emergency Information

My child, \_\_\_\_\_, entering grade \_\_\_\_\_, (boy) (girl) is in good health and able to participate in the competitive athletic program at the Saint Timothy Middle School. I realize that I am responsible for providing adequate insurance in the event of accidental injury. He/she has my permission to participate in the STMS sports programs below. (Circle the sport(s) you wish for your child to participate in).

**FALL:**

Coed Soccer  
Coed Cross Country

**WINTER:**

6<sup>th</sup> Grade Girls Basketball  
6<sup>th</sup> Grade Boys Basketball  
7<sup>th</sup> and 8<sup>th</sup> Grade Girls Basketball  
7<sup>th</sup> and 8<sup>th</sup> Grade Boys Basketball

**SPRING:**

Boys Baseball  
Girls Softball

I give Saint Timothy Middle School's representative permission to authorize emergency medical treatment in the event of an injury and agree to accept financial responsibility for this treatment.

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

*(Emergency Contact Information on next page)*



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## Emergency Contact Information

Parent's Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother/Guardian's Work Phone: \_\_\_\_\_

Father/Guardian's Work Phone: \_\_\_\_\_

### Emergency Contact Person

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, hospital preference:

\_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child wear contact lenses? \_\_\_\_\_

Please state any health concerns about which the coach should be made aware, e.g. asthma, current injuries, medications taken, etc. If a problem regarding these conditions arises, how do you wish the coach to handle it? Use additional sheets if necessary. *(Please write N/A if there are none)*

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