

St. Thomas More Catholic School

1625 West Highland Avenue Elgin, IL 60123 847-742-3959

www.stmelgin.org

ATHLETICS 2023 - 24

Medical Consent I, the undersigned parent or legal grade at St. Thomas More of procedures and hospital care, and my absence and unavailability by necessary in the judgment of the	Catholic School, I d to such medic the staff doctor	Elgin, IL, do volun al, surgical, or x-r r of the nearest h	tarily consent to any ay treatment which	y and all diagnostic may be required during
Student Information:				
Student Last Name:		Student First Name:		
Gender: Male Female		Birthday (month/day/year)		
Grade: Health Conc	erns:			
Physician of Choice:	ician of Choice:Hospital of Choice:			
Emergency Contacts:				
Name:		Name:		
Phone Number:		Phone Number:		
Preferred Email:		Preferred Email:		
Relationship:		Relationship:		
Date:Signatu	re:			
Student will be participating in:	Volleyball	Basketball	Cheerleading	Cross Country
Indemnification Agreement The undersigned parent or legal guardian of, a student at St. Thomas More Catholic School, Elgin, IL, in consideration of the school providing an opportunity for my child to participate in Athletics (Volleyball, Basketball, Cross Country, or Cheerleading) accept full responsibility for my child's health.				
I understand that this activity may exposed School, its coaching staff and other per child, resulting from said child's participus shall also cover expenses incurred in go also cover the good-faith settlement of	sonnel against all ex pation in athletic act ood faith in anticipa	openses and costs activities, to which any tion of, or in prepara	tually and reasonably in or all of them are made tion for, threatened or p	curred by or on behalf of my a party. This indemnification proposed litigation. It shall
Date:Signatu	re:			