St. Thérèse of Lisieux Athletics Informed Consent Form

Athlete's Name: _____

Age: _____ Grade: _____ M F

I give my permission for _____ to participate in athletics at St. Thérèse of Lisieux during the **2025-2026** school year. Further, I authorize the team/league to provide emergency treatment of any injury or illness my child may experience if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

Parent's/Guardian's signature: _____ **Date**: _____

Emergency Information

Parent/Guardian: _____ Phone #: _____

Other Emergency Contact: _____ Phone #: _____

Allergies (drug or environmental): _____

Medications: _____

Does athlete wear contacts: ❒ Yes ❒ No

St. Thérèse of Lisieux St. Bernard Campus and St. Henry Campus do not provide insurance to cover the children in case of accident or injury.

Parent/Guardian signature: _____ **Date**: _____

Email Address: _____

THIS FORM IS TO BE CARRIED BY THE COACH DURING ALL PRACTICES AND GAMES-HOME AND AWAY-TO BE USED IN THE EVENT OF ATHLETE'S ILLNESS OR INJURY