

# Bishop Rosecrans High School Athletic Department Parental Permission & Transportation Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: 9 10 11 12 Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian (Printed): \_\_\_\_\_

Phone Numbers: (Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_

Emergency Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ \*\*Required\*\*

Address: \_\_\_\_\_

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

I, the above signed parent/guardian hereby grant permission for \_\_\_\_\_, to attend the Athletic Events for the 2009-2010 school year. We authorize an adult, in whose care the minor has been entrusted to consent to treatment and hospital care the minor has been entrusted, to consent to treatment and hospital care to be rendered to the minor under general or special supervision and one the advice of any physician or dentist licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The above signed shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services to the aforementioned child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, the above signed shall assume all transportation costs. The above signed does also hereby give permission for our child to be transported in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in the events sponsored by Bishop Rosecrans High School

Please list any allergies or special medical problems your child may have.

