



Bishop Guertin High School



Athletic Participation Waiver & Emergency Contact / Insurance Information Form

TO WHOM IT MAY CONCERN:

I, the undersigned parent/guardian, of _____ (Date of Birth) _____, Class of 201_____ do hereby request that my child be permitted to participate in interscholastic athletics on the _____ team at Bishop Guertin High School. I also understand that there are many inherent risks in athletic participation and neither the school, nor the athletic department, nor its employees shall assume any financial responsibility in the case of an injury to my son or daughter.

If in the case of injury, I give permission to any member of the Bishop Guertin Athletic Department or Administration to act on my behalf in the event of a medical emergency involving my son/daughter while participating in a practice or an interscholastic contest during the season of competition.

Home Telephone Number: _____

Mom's Cell Number: _____ Dad's Cell Number: _____

Known Allergies: _____

Medications: _____

My child carries an inhaler for respiratory problems: (circle one) YES NO

My child carries an Epipen for emergency use: (circle one) YES NO

If you answered yes, please write where your child's Epipen/inhaler can be found:

Are there any medical conditions which our coaches/athletic trainers should know about? YES NO

If yes, please explain: _____

Has your child been diagnosed with a concussion in the last 24 months? (circle one) YES NO

If so, how many? _____ When was the last diagnosed concussion? _____

**Insurance is required for ALL student-athletes at Bishop Guertin. If you need to purchase student accident insurance through the school, please contact the athletic office at 603-889-4107 ext. 4347.*

Insurance Company/Health Plan Carrier: _____

Insurance Policy/Plan Number: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Student/Athlete: _____ Date: _____