
Student Name

Indicate which sports the student will be participating
during the 2017-18 school year

NOTRE DAME HIGH SCHOOL

Athletics Consent Form

This form must be submitted prior to participation. One form per school year.

- We the parent/guardian and the student athlete have received and agreed to the 2017-18 NDHS Code of Conduct.
- We the parent/guardian and the student athlete have signed and agreed to the NDHS required contracts.
- We the parent/guardian hereby give consent for the above name student to compete in Notre Dame Athletics.
- We the parent/guardian authorize the student to go with and be supervised by a representative of the school on any trips. In case this student becomes ill or injured, you are authorized to have the student treated.
- We the parent/guardian authorized the medical agent to render treatment.
- We the parent/guardian consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Care Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital it is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the school representative to give specific consent to any and all such diagnosis, treatment or hospital care which the mentioned physician in the exercise of his/her best judgment may deem advisable.
- This authorization shall remain effective until the end of the current season of sport unless sooner revoked in writing and delivered to the school and Athletic Director.

Please Print Parent/Guardian Name

Parent/Guardian Signature

Please Print Student Name

Student Signature

Date

Date