

Gateway High School
Parent consent and wavier of liability for
Interscholastic Sports

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Name: _____ Birth Date: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____ Home Phone: _____

(City, State, Zip)

Parent's/Guardian's work phone number: Mother/Guardian _____

Father/Guardian _____

Family doctor _____ Phone _____

Known Allergies: _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the above-named student in the event of an emergency arising out of serious illness, the need for major surgery or significant accidental injury, I (we) understand that an attempt will be made by the attending physician to contact me (us) in the most expeditious way possible. If said physician is not able to communicate with me (us), the treatment necessary for the best interest of the above-named student may be given.

Permission is also granted to the Certified Athletic Trainer to provide the needed emergency treatment prior to the student's admission to the medical facilities.

I further understand that Gateway High School disclaims any financial responsibility for the cost of medical treatment, hospitals, ambulances or paramedics, etc. arising out of or by virtue of an injury to my (our) child while participating in interscholastic competition or preparation thereof.

Date

Signature – Parent/Guardian

Signature – Parent/Guardian