

# CAREER ACADEMY SOUTH BEND

Consent to Administer Emergency Treatment

AND

Assumption of All Liability for Medical Treatment

I, the parent/legal guardian of (student athlete's name in full) \_\_\_\_\_

do herein and hereby grant my permission to Career Academy South Bend employees or any qualified medical personnel in attendance to administer, or authorize to be administered, emergency medical treatment should the above named individual be injured while under the supervision of the athletic program.

I further understand and agree that all costs arising out of and resulting from said emergency treatment, including transporting of the individual by ambulance, shall be borne by me and that the Career Academy South Bend are hereby released from and all medical and related expenses and liability which may arise from or related to said emergency medical treatment. With regard to insurance coverage, and since insurance is a personal matter to be decided on by the family, ONE of the two boxes below must be checked.

My son/daughter is covered by insurance provided by our family.

I/we assume full financial responsibility for all medical treatment.

Signature of parent/legal guardian: \_\_\_\_\_

Relationship to above named student athlete: \_\_\_\_\_

(must be natural parent who has custody or custodial legal guardian)

Please list two (2) emergency telephone numbers where parent/legal guardian can be reached:

\_\_\_\_\_

**This form must be completed along with your physical exam and turned in to the athletic office at Career Academy South Bend before any practice or athletic participation will be permitted.**