



St. Thomas More Catholic School

1625 West Highland Avenue

Elgin, IL 60123

847-742-3959

www.stmcentral.org

ATHLETICS 2017-2018

Medical Consent

I, the undersigned parent or legal guardian of _____,
a grade ____ student at St. Thomas More Catholic School, Elgin, IL, do voluntarily consent to any and all diagnostic procedures and hospital care, and to such medical, surgical, or x-ray treatment which may be required during my absence and unavailability by the staff doctor of the nearest hospital, his/her assistants or designees, as is necessary in the judgment of the aforementioned doctor.

Last				First		
Circle One	Male	Female		BirthDay-Month	Day	Year
Grade				Health Concern		
Physician of Choice				Hospital of Choice		

Emergency Contacts

Last	First
Phone	Address
Relationship	

Dated: _____ **Signed:** _____

Indemnification Agreement

The undersigned parent or legal guardian of _____,
a student at St. Thomas More Catholic School, Elgin, IL, in consideration of the school providing an opportunity for my child to participate in Athletics (Volleyball, Basketball, or Cross Country) accept full responsibility for my child's health.

I understand that this activity may expose my child to risk of injury, and I hereby agree to indemnify St. Thomas More Church and School, its coaching staff and other personnel against all expenses and costs actually and reasonably incurred by or on behalf of my child, resulting from said child's participation in athletic activities, to which any or all of them are made a party. This indemnification shall also cover expenses incurred in good faith in anticipation of, or in preparation for, threatened or proposed litigation. It shall also cover the good-faith settlement of any action, suit or proceeding, whether formally instituted or not.

Dated: _____ **Signed:** _____