



BLESSED SACRAMENT SCHOOL  
A Jesuit-sponsored school of academic excellence

6641 Sunset Boulevard, Hollywood California, 90028 • Phone 323.467.4177

## ATHLETIC PERMISSION FORM

\_\_\_\_\_ (*First and Last Name of student*) has permission to participate in the interscholastic program of Blessed Sacrament School for the academic year of 2014-2015.

Parent/Guardian, please initial on the lines that you have read and understand each of the following statements:

1. \_\_\_ I (we) realize that there is a risk of being injured that is inherent in all sports. I (we) realize the risk of injury may be severe, including the risk of fractures, brain injuries, paralysis or even death.
2. \_\_\_ I (we) the parent(s) or guardian(s) of the above mentioned student, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health.
3. \_\_\_ It is understood that the authorization mentioned in 2 is given in advance of any specific diagnosis treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.
4. \_\_\_ It is understood that effort shall be made to contact the parent or guardian prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the parent or guardian cannot be reached.

Authorization 1-4 is given pursuant to the provisions of section 6910 of the Family Code of California.

5. \_\_\_ I (we) understand that transportation will be by private vehicle.
6. \_\_\_ I (we) agree that in the event my child is injured as a result of his/her participation in Blessed Sacrament's athletic program, including transportation to and from events, whether or not caused by negligence (active or passive) of the parish/school or Archdiocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine and/or of my spouse.
7. \_\_\_ I (we) are not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.
8. \_\_\_ I (we) hereby give permission to the physical or dentist selected by the youth activities supervision personnel then present to render medical or dental treatment deemed necessary and appropriate by the physician or dentist.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_