



Informed Consent Form

St. Thomas Aquinas School

After-school Team Activity Program

I hereby give my permission for _____ to participate in St. Thomas Aquinas School's After-school Team Activity program _____.

Further, I authorize emergency treatment of an injury or illness of my child if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

My child and I are aware of potential injury risks related to all athletic programs. By signing this form, I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, contact with moving objects (clubs/balls), the effects of the weather, and other reasonable risks associated with the team activity.

Parent or Guardian _____

Address _____ Phone _____

Parent's Cell Phone _____ Parent's E-mail _____

Where parent can be reached if not at home _____

Family Physician _____ Phone _____

Pre-existing medical conditions (allergies, chronic illnesses, medications)

Contact in case of emergency _____

Relationship to child _____ Phone _____

I understand this informed consent form and agree to its conditions on behalf of my child. I and my child have read, understand and agree to the policy for participating in St. Thomas Aquinas School's After-school Team Activity program.

Child's Signature _____ Date _____

Parent's Signature _____ Date _____