

**ST. THOMAS THE APOSTLE ATHLETIC ASSOCIATION  
POWER OF ATTORNEY/SPECIAL MEDICAL PROCEDURES**

**PARENT/GUARDIAN: please complete this form and return to coaching staff**

I grant permission for the administration of first aid to: \_\_\_\_\_ by the people in charge of St. Thomas Athletic Association and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency I understand that every effort will be made to contact the parents/guardians of the participant. In the event I cannot be reached I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed as necessary for my child.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Family physician \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Doctor's phone number \_\_\_\_\_  
Insurance Policy is in the name of \_\_\_\_\_  
Health Insurance Company \_\_\_\_\_

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**PARENT PERMISSION FORM**

Student \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

I, the parent of the above named child hereby give my approval to his/her participation in any and all activities of the St. Thomas Athletic Association during the current season. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I do further hereby release, absolve, indemnify, and hold harmless the St. Thomas Athletic Association, St. Thomas the Apostle Church, School coaches, and supervisors, any or all of them. I hereby waive all claims against the aforementioned. I likewise release from responsibility any person transporting my child to and from the activities.

Parent(s) signature \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_