

2017-2018

MEDICAL TREATMENT AUTHORIZATION

O'CONNELL COLLEGE PREPARATORY SCHOOL

**1320 Tremont St.
Galveston, TX 77550
409-765-5534**

NAME OF CHILD _____ AGE _____

HOME ADDRESS _____ PHONE _____

AUTHORIZATION FOR MEDICAL SERVICES

I/We request that I/we be contacted within a reasonable time in the event of illness or injury requiring medical service. In the event that we cannot be reached, I/we, parent/guardian(s) hereby designate the Administrator, Athletic Director, Team Coach, Athletic Trainer or his designee of O'Connell College Preparatory School, to act in my/our behalf to authorize in an emergency because of accident or illness and the situation calls for medical attention, we recognize and relinquish our responsibility to a practicing physician/doctor of osteopathy/physician assistant/nurse practitioner and/or medical personnel acting in the best interest of my/our child/ward. I/we hereby assume financial responsibility through our personal insurance or other means for hospitalization, medical attention, and surgery provided.

FAMILY M.D./D.O./P.A./N.P.: _____ **PHONE** _____

ADDRESS _____

FAMILY DENTIST _____ **PHONE** _____

FATHER _____ **PHONE** _____

WORK # _____ **CELL#** _____ **EMERGENCY#** _____

MOTHER _____ **PHONE** _____

WORK# _____ **CELL#** _____ **EMERGENCY#** _____

NEIGHBOR/RELATIVE _____ **PHONE** _____

CHILD SOCIAL SECURITY # _____

FAMILY PRIMARY HEALTH INSURANCE _____

POLICY# _____

PARENT SIGNATURE _____ **DATE** _____

2017-2018

PARENT AUTHORIZATION FOR STUDENT TRAVEL
O'CONNELL COLLEGE PREPARATORY SCHOOL

NAME OF STUDENT _____

I/We grant permission for said student to participate in the planned activities of the travel, and to travel by car, bus, train, airplane, and other means of transportation as required.

Travel Period: **The duration of the current school year.**

In case of illness or injury to said student during travel, I/we hereby consent to and agree to pay for such medical and dental costs incurred. (See medical information on Form 2.)

Name of Insurance Company _____

Policy Number _____

AUTHORIZATION:

Parent(s) or Guardian(s) Signature Date

Parent Comments:
(Please specify any special medical or other such instructions that need to be considered.)

2017-2018

RECOGNITION & ASSUMPTION OF RISK FORM
Agreement to Participate in Athletics
O'CONNELL COLLEGE PREPARATORY SCHOOL

Every sport has inherent risks, and regardless of the precautions taken, it is impossible to ensure the safety of the participant. All sports require a high level of fitness. It requires bursts of speed, long periods of running and jumping, contact with other participants, and other objects in the area of competition. Athletics can be reasonably safe as long as certain guidelines are followed for each sport.

In any sport, a variety of injuries may occur including, but not limited to, muscle strain, sprains, fractures, contusions, abrasions, and dehydration. Serious and disabling injuries and even death could result from participation in athletics. It is not possible to list each specific risk.

I hereby release, waive, discharge, and agree not to sue O'Connell College Preparatory School, the Athletic Department, or employees from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of, or related to, any loss, damage or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while on the premises where the activity is being conducted.

To help reduce the risk of injury to yourself and other participants, the following safety rules need to be followed during practices and games. (1) Wear all of the equipment given to you by the coaches and/or trainers or doctors, (2) obey the rules of the sport, (3) report any discovered defects in the game or practice area, or in the equipment immediately.

I agree to follow the preceding safety rules as well as others given to me by the coach. I also agree to report any injury to the coaching staff on the day that it occurs.

I certify that (1) I am physically fit to participate in athletic competition, (2) I understand that I am free to discontinue activity at any time I feel undue discomfort or stress, and (3) I will disclose to the Athletic Trainer and coaching staff a complete list of any health-related conditions that might affect my ability to participate in any sport.

I (Name) _____ certify that I have read the preceding warning of risks, my coach has explained hazards to me, and I have had an opportunity to ask questions concerning the safety risks involved in the sports of my choice. Any questions I have asked have been answered to my complete satisfaction. I fully know, understand, and appreciate the risks inherent in athletics, and I am voluntarily participating in this activity with parental permission.

Participant Name (Print)

Participant Signature

Parent/Guardian Signature

Date