

**TRUE CROSS CATHOLIC SCHOOL  
RELEASE OF LIABILITY FORM**

This is to certify that my child, \_\_\_\_\_, has my permission to participate in extracurricular activities sponsored by True Cross Catholic School, including all of their athletic programs. I hereby release and save harmless True Cross School and any and all of its employees, volunteers or students from any and all liability for any and all harm arising to my child as a result of these activities, including walking or vehicular transportation to or from associated events. In my absence, I authorize True Cross Catholic School or any of its employees to secure medical treatment for my child in the event of an emergency, accident or illness. I request and authorize physicians, dentists and staff, duly licensed Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment on the above minor. I have not been given a guarantee as to the results of the examination or treatment.

Furthermore, I have furnished the school with documentation of any existing medical conditions which may affect my child's participation in True Cross Catholic School athletic program.

Student's Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_      Age as of September 1: \_\_\_\_      Grade: \_\_\_\_

Date of Last Tetanus Booster: \_\_\_\_\_

Known Allergies (including medication) and/or Known Medical Problems:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Number: ( ) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_ Other Phone Numbers: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_