

St. Mary's Ryken High School
Athletic Consent/Waiver Form

Student Name: _____
Sport(s): _____ Grade: _____

By signing below, I/We certify that:

PARENTAL CONSENT TO TREAT:

- A. Permission is hereby granted to St. Mary's Ryken Certified Athletic Trainer, Staff, and Coaches to proceed with any necessary Primary and Secondary First Aid. In the event of serious illness or injury, I understand that an attempt will be made to contact me in the most expeditious manner possible. If, in the event, I cannot be reached, the treatment or referral necessary for the best interest of the above named participant is given.
- B. Permission is hereby granted to St. Mary's Ryken Certified Athletic Trainer to proceed with the necessary evaluation, minor medical treatment, and/or rehabilitation for the above named student/athlete. In the treatment of injuries, I allow the use of modalities that the Certified Athletic Trainer is competent with and qualified to use (i.e. ice, moist heat, ultrasound, electric stimulation, T.E.N.S., whirlpool and paraffin bath).
- C. Permission is hereby granted to St. Mary's Ryken Certified Athletic Trainer to distribute medication (listed below) to the above named student/athlete. Please indicate if your son/daughter should not have any of the following medications that may be available in the athletic training room for athletes.

____ Bacitracin	____ Biofreeze (analgesic)
____ Sterile Saline Solution/Eye Wash	____ Flexall (analgesic)
____ Tinactic Athletes Foot Cream/Spray/Powder	____ Hydrogen Peroxide
____ Tuffskin (Adherent Spray)	
____ Hydrocortisone Cream 1.0%, 2.0%, 2.5%	

The above named student/athlete should not take, is allergic to the following:

Statement of Risk

I acknowledge that St. Mary's Ryken assumes no responsibility for any risks associated with voluntary participation in school-organized athletics, physical education or other activities. Furthermore, I understand that these sports activities involve risk of serious injury or death.

After weighing these risks against the potential benefits my son/daughter may gain from these activities, I freely and fully accept the risks of athletics on my child's behalf.

Statement of Liability

In exchange for the opportunity to participate in interscholastic athletics, I freely and fully waive any claim by me, my spouse, or my son/daughter against St. Mary's Ryken and its employees arising from a sports related injury or from transportation to/from a sporting event.

PARENT/GUARDIAN SIGNATURE

DATE