

Brophy College Preparatory

Authorization For Emergency Medical Treatment And Permission To Travel For School Approved Activities

Name of Student-Please Print

Birthday

Name of Parent

Emergency Telephone #

Name of Parent

Emergency Telephone #

Name of Family Physician

Telephone

Insurance Co.

Policy Number

Preferred Hospital

In an emergency, if parents cannot be reached, please notify:

Name

Phone Number

Relationship

Is there any information you would like to share that would be relevant to treating the student in an emergency? I. E. Drug allergy, physical condition,

The above-named student has the unqualified permission of each of the undersigned to travel with:

The Brophy Lacrosse Club on 2011-2012 for all purposes.

The above named student may travel by means of VAN, PLANE, BUS, TRAIN, and CARPOOL or by any other means deemed appropriate by Brophy College Preparatory (BCP) and/or Brophy Lacrosse Club (BLC). Each of the undersigned hereby authorizes BCP and/or BLC to allow the student to travel to, and to fully participate in, such school activities. Each of the undersigned further agrees to hold BCP and BLC harmless for any injury or damage arising out of said student's travel to or participation in such school activities.

In the event of a medical emergency, the undersigned parent/guardian of the above-named student hereby grants authorization to BCP and BLC, and to its teachers, coaches, agents and other representatives, to employ any legally licensed physician or health care facility on behalf of each of the undersigned, and to direct and/or order emergency medical treatment for the above-named student. Each of the undersigned further agree that neither BCP or BLC, nor its teacher, coaches, agents or other representative, shall be liable under any circumstance to any of them of exercising the foregoing authority in the event of an emergency.

Signature of Student

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date