



Please check any of the spaces below which describe a health problem your child has which might require attention. If your child has no such health problems, check "none of the above."

- Allergies (if yes, please list)
- Blood disease (sickle cell anemia, aplastic anemia, malaria, hemophilia, etc.)
- Heart problem requiring limitations
- Diabetes
- Food allergy requiring immediate attention
- Digestive disorder (ulcers, colitis)
- Hearing impairment or complete hearing loss
- Insect sting allergy—severe—requiring immediate attention
- Malignancy (leukemia, sarcoma, Hodgkin's disease, etc.)
- Neurological problem (cerebral palsy, hydrocephalus, etc.)
- Orthopedic problem - severe - requiring limitations (brittle bone disease, etc.)
- Respiratory problem - severe - requiring limitations (asthma, cystic fibrosis, etc.)
- Seizure disorder (epilepsy, etc.) Define:
- Urinary tract disorder (nephritis, absence of kidney or bladder, etc.)
- Vision impairment or complete vision loss
- None of the Above

Medication being taken:

Additional information/instructions:

- Has a child care plan on file in the school office. (check if true)

We (I) shall be liable for and agree to pay all costs and expenses incurred in connection with any medical or dental treatment rendered pursuant to this authorization. Further, should it be necessary for our (my) child to return home due to medical reasons, disciplinary action or otherwise, we (I) agree to pay transportation costs.

Finally, in consideration for our (my) child's participation in the above stated athletic activities, we (I) release, discharge, and agree to hold harmless the Catholic Bishop of Spokane, his agents, and employees from any and all liability, claim or demands for personal injury, illness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by us and/or our (my) child while our (my) child is participating in these activities (including transportation to and from the events), hereby assuming all risk of personal injury, illness, death, damage and expense as a result of participation in these athletic activities.

We (I) have fully read this form and sign voluntarily with knowledge of its terms and conditions.

\_\_\_\_\_  
Mother's Signature                      Date

\_\_\_\_\_  
Father's Signature                      Date

\_\_\_\_\_  
Legal Guardian's Signature                      Date

Date Received \_\_\_\_\_ By \_\_\_\_\_