

**ATHLETIC DEPARTMENT  
MEDICAL WAIVER FORM/PERMISSION SLIP**

**TO WHOM IT MAY CONCERN:**

I, the undersigned parent/guardian, of \_\_\_\_\_ do hereby give him/her permission to participate in interscholastic athletics as a member of the **Karate Club** at Central Catholic High School. I also understand that neither the school, club moderator, nor the athletic department shall assume any financial responsibility in the case of my son or daughter. If, in the case of injury, I give my permission to any member of the Central Catholic Athletic Department to act in my behalf in the event of a medical emergency involving my son/daughter while participating in either a practice or an interscholastic contest during the season of competition.

Home Telephone Number: \_\_\_\_\_

Cellular Telephone Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Alternate (Spouse) Telephone Number: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

My child carries an inhaler for respiratory problems:    YES        NO

My child carries an Epipen for emergency use    YES        NO

If you answered yes, please write where your child's Epipen/inhaler can be found:

\_\_\_\_\_

Hospital you prefer in case of an emergency: \_\_\_\_\_

Insurance Company/Health Plan Carrier: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**