



SJN Athletics 2021 Health History and Participant Release Form

Please print using blue or black ink.

Section I: Contact Information

Athlete Name: _____ Nickname: _____
FIRST MIDDLE INITIAL LAST

Date of Birth: ____/____/____ Age: _____ Gender: Male Female

Home Address: _____
STREET CITY STATE ZIP

Parent/Guardian Name: _____ Relationship: _____
FIRST LAST

Parent/Guardian Phone: _____ Home Cell Work

Parent/Guardian Email: _____

Emergency Contact Name: _____ Relationship: _____
(IF WE CANNOT REACH THE PARENT/GUARDIAN) FIRST LAST

Emergency Contact Phone: _____ Home Cell Work

Section II: Insurance Information

Is the athlete covered by family medical/hospital insurance? Yes No

Insurance Carrier: _____

Group #: _____ Member ID #: _____

Policy Holder's Name: _____ Relationship: _____
FIRST LAST

Section III: Health History

Please know that we value your privacy. Health history information is available only to the coaching team and our staff.

The athlete has a history of the following:

- 1. Asthma
- 2. Diabetes
- 3. Seizures
- 4. Dizziness
- 5. Headaches
- 6. Heart defect
- 7. Allergies
- 8. Recent injury

Please list the number and provide explanation for any checked items: _____

Section IV: Medications

If a parent or guardian of the athlete is unable to be present to administer any necessary medication, only a SJN staff member or SJN Athletics volunteer may administer the medication pursuant to this authorization.

Written instructions from the child’s physician must be provided, and must state the following:

1. The child’s name;
2. The name of the medication;
3. The proper dosage of the medication;
4. The purpose of the medication;
5. The time of day/circumstances in which the medication is to be administered;
6. The anticipated number of days the medication must be administered; and
7. Any possible side effects of the medication.

Any medication must be brought in a container appropriately labeled by a pharmacy or the child’s physician, and must be picked up with the child at the end of day.

If a child has a condition that might require medication on an emergency basis (e.g. in the case of a child’s allergic reaction, asthma attack, etc.), the child’s parent or legal guardian must provide all necessary information and training or instruction to the staff/volunteer who might be responsible for administering such medication or carrying out such medical procedures.

Section V: Release

I RELEASE ST. JOHN NEUMANN CHURCH, THE DIOCESE OF CHARLOTTE, AND ANY SJN ATHLETICS WORKERS FROM LIABILITY FOR ANY ADVERSE REACTION SUFFERED BY MY CHILD AS A RESULT OF THE ADMINISTRATION OF MEDICATION TO MY CHILD IN ACCORDANCE WITH THE WRITTEN INSTRUCTION OF THE CHILD’S PHYSICIAN. I AGREE TO INDEMNIFY ST. JOHN NEUMANN CHURCH, THE DIOCESE OF CHARLOTTE, AND ANY SJN ATHLETICS WORKERS FOR ANY MEDICAL EXPENSES, LEGAL EXPENSES, OR LIABILITY RELATED TO ANY ADVERSE REACTION SUFFERED BY MY CHILD AS A RESULT OF THE ADMINISTRATION OF MEDICATION TO MY CHILD IN ACCORDANCE WITH THE WRITTEN INSTRUCTION OF THE CHILD’S PHYSICIAN. I AUTHORIZE SJN ATHLETICS WORKERS TO AUTHORIZE AND CONSENT TO ANY MEDICAL CARE FOR MY CHILD THAT HE/SHE REASONABLY BELIEVES NECESSARY, INCLUDING, BUT NOT LIMITED TO, HOSPITALIZATION OR SURGERY. I AGREE TO PAY ANY EXPENSES RELATED TO SUCH MEDICAL CARE. I UNDERSTAND THAT ANY MEDICAL EXPENSES RELATED TO ILLNESS OR INJURY TO MY CHILD WHILE AT ATHLETICS ARE NOT COVERED BY ANY INSURANCE PROGRAM MAINTAINED BY ST. JOHN NEUMANN CHURCH OR THE DIOCESE OF CHARLOTTE, AND THAT I AM PRIMARILY RESPONSIBLE FOR PAYING SUCH EXPENSES. I ASSUME FULL RESPONSIBILITY FOR THE RISK OF ILLNESS OR INJURY THAT MY CHILD MAY INCUR BY PARTICIPATING IN SJN ATHLETICS. I RELEASE ST. JOHN NEUMANN CHURCH AND ANY SJN ATHLETICS WORKERS FROM LIABILITY FOR ANY ILLNESS OR INJURY THAT MY CHILD MAY INCUR, WHETHER CAUSED WITH OR WITHOUT FAULT BY ST. JOHN NEUMANN CHURCH, THE DIOCESE OF CHARLOTTE, OR ANY SJN ATHLETICS WORKERS. I AUTHORIZE ST. JOHN NEUMANN CHURCH AND THE DIOCESE OF CHARLOTTE TO USE PHOTOS OR VIDEO OF MY CHILD TAKEN DURING SJN ATHLETICS FOR PROMOTIONAL PURPOSES.

Parent/Guardian Signature: _____ Date: _____