

NOTRE DAME MIDDLE SCHOOL – PHYSICAL CARD

Name: _____ Date of Birth: _____ Sex: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Family Physician: _____ Phone: _____

In my absence and an emergency exists, contact: _____

Relationship: _____ Phone: _____

Are tetanus booster and immunizations up to date? YES NO (circle one)

Are you currently taking any medications for chronic conditions? If yes, what and why? YES NO

Has your doctor placed any restrictions on your athletic performance? If yes, explain. YES NO

The above named student has been examined and is able to participate in athletic activities/programs at Notre Dame of De Pere.

Physician Signature: _____ **Date:** _____

MEDICAL RELEASE AND ATHLETIC POLICY SIGNATURE CARE

Parent Name (s): _____

Address and Phone if different from above player: _____

Insurance carrier: _____ Policy #: _____

- I/We hereby agree that Notre Dame of De Pere School, its members, coaches, or officers shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind whether sponsored by or under the supervision of Notre Dame of De Pere School. And we agree to indemnify and to hold harmless Notre Dame of De Pere School, its members, coaches, officers or designates of any kind from any claim whatsoever.
- I/We give permission to my child's coaches to have emergency medical treatment given to my/out child. This includes the calling of a rescue vehicle if deemed necessary in their judgment.
- By signing this card, I/We attest that our family has read the Notre Dame of De Pere Athletic Policy and agree to adhere to it.

Parent Signature: _____ Date: _____

Player Signature: _____ Date: _____

***** Please return to the Athletic Director or the Middle School Office. No play/practice until turned in!**