



DEMATHA CATHOLIC HIGH SCHOOL

Order of the Most Holy Trinity and of the Captives

UNITED STATES DEPARTMENT OF EDUCATION
TWICE RECOGNIZED SCHOOL OF EXCELLENCE



Athletic Department

RELEASE OF MEDICAL INFORMATION

Baseball

Basketball

Crew

Cross Country

Football

Golf

Hockey

Lacrosse

Rugby

Soccer

Swimming

Tennis

*Track
Indoor
Outdoor*

Wrestling

Parent/Guardian Information (Complete if Student is a minor)			
Parent/Guardian Print Name:			
Parent/Guardian Mobile #:		Email address:	
Preferred method of contact:			
Student Information			
Student Print Name:			
Home Address:			
City:		County:	
Zip Code:		Date of Birth:	

Information to be Released by School: By signing below you authorize the DeMatha medical personnel to release health and medical information regarding your child, including but not limited to your child's medical care and management protocols to DeMatha's administrators, faculty, counseling staff, coaches, other officials, and field trip chaperones as necessary and appropriate to enable school employees to address your child's medical needs or care in an emergency situation.

How long is this consent valid? This consent form is valid through the end of the 2023-2024 academic school year, unless you provide written notice to DeMatha that you wish to revoke your consent.

Can I revoke this consent? You have the right to revoke this consent form at any time by delivering a written notice to the DeMatha medical personnel. Your revocation will be effective upon receipt but will not affect any release of information that occurs prior to receipt.

By signing below, I agree that:

- I have read and understand the information in this release of information form. DeMatha has answered any questions I have about this form.
- I understand that if I am age 18 or older, or may otherwise legally consent for my own health care, references to "my child" refer to me and I may sign this form on my own behalf.
- I understand and agree that my child's health-related information may be shared with DeMatha officials and staff as described in this form.

Parent/Guardian Signature: _____

Student Signature (if age 18 or older): _____

Printed Name: _____ **Date:** _____