Mercy High School
3250 Nineteenth Avenue
San Francisco, CA 94132

PARENT/GUARDIAN PERMISSION FOR ATHLETICS EVENTS

Name of Student	Homeroom	Student ID	Date of Birth

I hereby acknowledge that my daughter will be participating in _____ and I give permission for her to attend all practices, games and field trips
Sport
under the supervision of her coaches and the Mercy Athletic Department. I understand that coaches and parents will drive my daughter to these events when necessary and possible, and I also understand that no students are permitted to drive other students at any time. I understand that my daughter/ward is responsible for all assignments missed while participating in athletics events.

Please completely fill out ALL the information below

CONTACT PERSON INFORMATION:

Mother	Address	Home Phone	Work Phone	Cell Phone
Father	Address	Home Phone	Work Phone	Cell Phone
Guardian	Address	Home Phone	Work Phone	Cell Phone

Emergency Information: The following information is for use if your daughter/ward becomes ill or requires emergency treatment and you cannot be reached. Do you wish another person to be notified? ❒ Yes ❒ No

Name: _____ Relationship: _____ Phone: _____ Alt. Phone: _____

Name: _____ Relationship: _____ Phone: _____ Alt. Phone: _____

IF EMERGENCY MEDICAL TREATMENT IS NECESSARY, I AUTHORIZE MERCY HIGH SCHOOL TO:
❒ Call my personal physician:

Name: _____ Phone Number: _____ Address: _____

❒ Call 911 for assistance

Medical Insurance Carrier: _____ **Policy/Member Number:** _____ Medications regularly taken: _____

Allergies: _____ Special health conditions: _____

Mercy High School and its faculty and staff members are hereby released from any and all liability arising from such activity as consideration for allowing said student to participate therein.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____