



Consent to Treatment and Waiver of Liability Form

I, _____ (parent/guardian) of _____ (student/athlete), understand that LCMC Sports Medicine (Children’s Hospital, New Orleans East Hospital, Touro Infirmary, West Jeff Medical Center, and University Medical Center) provides athletic training, first aid and certain other medical services in connection with certain athletic events and programs of _____ St. Paul’s School _____ (School/Event). In case of emergency or accident on the school grounds or during any school activity involving the student designated below, which in the opinion of school authorities or personnel of LCMC Sports Medicine requires immediate medical attention, I hereby grant permission to such school authorities and LCMC Sports Medicine personnel to render medical care and to obtain the services of qualified medical personnel to treat the condition unless I am present and request otherwise or until revoked.

I also hereby release and agree to hold harmless all entities of LCMC Sports Medicine, their employees and agents, including, but not limited to, the Athletic Trainers from any and all liability in case of accident, injury, damage or other mishap in connection with all medical services or athletic trainer services they provide the student.

Student Name AND Signature

Date

Parent/Guardian Name AND Signature

Date

Parent/Guardian Phone Number