

# St. John's Lutheran School

4705 Brockway Road ♦ Saginaw, MI 48638-4664 ♦ (989) 799-0935 ♦ [www.stjohnsbrockway.org](http://www.stjohnsbrockway.org)

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## Consent to Treat Form

In consideration of my child, \_\_\_\_\_ (name of student), participating in extracurricular activities of St. John's Lutheran School, we the undersigned agree to hold all individuals associated with these activities free from all liability for any injuries which may be sustained by my child. In the event of a serious injury, in cases where we, the parents of the above named child cannot be contacted, I authorize the coach and/or supervisor to seek proper medical attention for my child.

Date Signed: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

St. John's Lutheran School advises that parents should have some form of insurance for injuries which their child may sustain during extracurricular athletics.

Please use the space below to comment on what would help us understand the physical limitations of your child (i.e. asthma, shin splints, etc.)

COMMENTS:

This is for their coach:

In case of emergency please call: \_\_\_\_\_

Current health insurance provided by: \_\_\_\_\_

Updated 7/12/2016