



John Carroll High School Athletic Travel Form

If your child will be participating in any off-campus sports event, this form needs to be completed, signed in the presence of a Notary, and returned to the Athletic Director prior to the first away game of the season.

Student's full name: _____ Sex: _____ Age: _____ Date of birth: _____

Grade in school: _____ Sport(s): _____

Home address: _____

Home phone: _____

Name of parent/guardian: _____ Email: _____

Emergency contact: _____ Relationship to student: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Personal/family physician: _____ City/state: _____ Office phone: _____

The patient and others whose signatures are attached below do hereby consent to any and all medical and surgical treatments, including anesthesia and operations that may be deemed advisable by his or her physicians or surgeons. The intentions hereof being to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetics, operations, and diagnostic procedures that may now or during the course of the patient's care be deemed advisable or necessary. We also agree that this form should be presented in any emergency in which the parents cannot be reached.

Minor student/patient signature: _____

Father/guardian signature: _____

Mother/guardian signature: _____

The foregoing statement was acknowledged before me this _____ day of _____, 20_____ by _____.

Personally known to me _____ Produced identification _____

Notary Public, State of Florida at Large: _____

Parent's/legal guardian's primary insurance company: _____ Policy #: _____

John Carroll High School insurance used as secondary coverage: AIG Policy #: SRG0009151977

Allergies or notable physical conditions: _____

Special instructions/limitations by parent/legal guardian: _____