

**Saint Xavier Swim Clinic – Fall 2010**  
Parental Consent Form

Print Swimmer's Last Name: \_\_\_\_\_

**Saint Xavier High School must have your permission to treat your child/children in case of emergency at the Saint Xavier swim clinic. Please select one of the following options for emergency treatment and sign below:**

**OPTION 1:** Saint Xavier's team physicians are able to treat your child/children at Audubon Hospital. If you wish to use the services of one of Saint Xavier's team physicians, please indicate as follows and sign below:

I grant permission to have my child/children, \_\_\_\_\_, treated by Saint Xavier team physicians and I give Audubon Hospital permission to give my child/children emergency treatment and X-rays when necessary.

**OPTION 2:** If you prefer another doctor to treat your child/children, realizing that treatment cannot start until the doctor is located, please state the name of the doctor and hospital desired:

I prefer that my child/children, \_\_\_\_\_, be treated for injuries by:

Physician's name and telephone # \_\_\_\_\_

Hospital preferred by parent: \_\_\_\_\_

By signing below, I hereby give my consent for my child/children to participate in the Saint Xavier swim clinic. I will not hold clinic authorities responsible in the case of injury.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please mail or fax this form by September 18<sup>th</sup> to:**

**Saint Xavier High School  
C/O Swim Clinic  
1609 Poplar Level Road  
Louisville, KY 40217**

**FAX: 634-2158**