



**Informed Consent & Medical Treatment & Insurance Statement  
Grace Lutheran School, Menomonee Falls, WI**

I/We the undersigned parents/guardians understand that there is always a risk of personal injury while participating in Co-Curricular activities. I realize that an injury may be minor, catastrophic, or fatal in nature. I/we release Grace Lutheran Church and School, its employees and agents from any and all liability for injuries received from participation in Co-Curricular Activities.

Any injury requiring medical assistance is my financial responsibility as parent/guardian. Further we understand that Grace Lutheran does NOT carry any medical expenses insurance for the benefit of any student who may be injured at school or while participating in a school sponsored event or activity, including Co-Curricular Activities, and that Grace Lutheran nor its coaches assume any financial responsibility for such medical expenses.

Medial treatment for any emergency injury or illness occurring during co curricular practice or competition may be given to my child. If my child is injured and needs to be transported by ambulance, my son/daughter will be transported to the nearest emergency treatment facility.

Student Name (Printed)\_\_\_\_\_ Grade\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_