

2009-2010
Evergreen Christian School Sports
Medical Information/Physical Form

Student Name: _____

Sport: _____

Birthdate: _____ Age: _____ Grade: _____

Father's Name: _____ Home Phone: _____
Work Phone: _____
Cell Phone: _____

Mother's Name: _____ Home Phone: _____
Work Phone: _____
Cell Phone: _____

Emergency Contact: Name: _____ Phone: _____
Name: _____ Phone: _____

Doctor's Name: _____ Phone: _____
Preferred Hospital: _____ Phone: _____

Insurance Company: _____ Phone: _____

You must have insurance in order to participate in athletics at Evergreen Christian School.

Do you agree to be financially responsible for all medical expenses incurred? Y_____ N_____

If an ambulance is called, do you agree to be financially responsible for expenses incurred? Y_____ N_____

If answers to any of the above questions are No, please explain in writing.

Allergies/Reaction to:	Degree of reaction and treatment for instructions:
<input type="checkbox"/> Bee Sting: _____	_____
<input type="checkbox"/> Nuts: _____	_____
<input type="checkbox"/> Fish: _____	_____
<input type="checkbox"/> Other: _____	_____

Any physical limitations: _____

I understand that there are possible risks of accidental injury to participants in activities of this nature. I also understand that my child must follow the required academic and attendance policies in order to participate in the above stated sport.

Signature of Parent or Guardian _____
Date

*****PERMISSION FOR EMERGENCY MEDICAL TREATMENT*****

In the event the person mentioned above becomes ill or sustains an injury while in the care or under the supervision of the officers or leaders of Evergreen Christian School, permission is given to administer first aid for his/her relief. If it is not practical to return him/her to us or to receive our instructions for his/her care, consent is hereby given to admit him/her to any hospital; consent is also given to any licensed physician and/or surgeon called upon or to whom he/she is taken for treatment, procedures as he shall think the existing emergency requires for the relief of pain and to preserve both life and health. Authorization is also given for such other measures or procedures as may be required.

Signature of Parent or Guardian _____
Date