



ATHLETICS

ESURIO † FIDES † PRUDENTIA
DESIRE † FAITH † WISDOM

HEALTH AND PHYSICAL CONSENT

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Current Age: _____ School year: _____

School: _____ Grade Level: _____

Home Address: _____

Mobile Phone: _____ Home Phone: _____

Has the student had any injury or physical condition that should be watched?

No Yes _____

Does the student have any current injuries and/or physical conditions that we should be aware of? No Yes

Does the student have any allergies? No Yes _____

Is the student currently taking any medications?

No Yes _____ for _____
_____ for _____
_____ for _____
_____ for _____

Does the student have any current medical conditions that would restrict him or her from participating in any of the following physical activities?

Football Baseball Basketball Volleyball Softball

No Yes _____

I hereby certify that the above student is physically fit to engage in sports.

Physician's name Address

Signature of physician State license Date



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EMERGENCY INFORMATION AND MEDICAL RELEASE

Student: _____
Last First MI

Father/Guardian: _____

Employer: _____ Typical work hours: _____

Work: _____ Home: _____ Mobile: _____

Mother/Guardian: _____

Employer: _____ Typical work hours: _____

Work: _____ Home: _____ Mobile: _____

Student lives with: Father Mother Grandparents Guardian

List the people, other than parents/guardians, that we could contact in case of an emergency. All of these people should be able to pick up student from school if necessary.

Name	Relationship	Daytime phone

List persons who may not pickup your child: _____

MEDICAL INSURANCE INFORMATION:

Insurer: _____ Group# _____ Medical I.D.# _____

Hospital: _____ Address: _____ Phone: _____

AUTHORIZATION FOR MEDICAL TREATMENT:

In the event of an emergency and I am unavailable, I authorize the personnel of North Hills Christian Schools to call an emergency ambulance in the case of an accident or an acute illness, and to arrange for necessary medical and/or surgical care. Any qualified physician contacted by North Hills Christian Schools may treat and do whatever is necessary for the health and well being of my child. I understand a conscientious effort will be made to contact me in case of such an emergency. I also agree to accept responsibility for the cost of the above medical services.

Parent/guardian signature

Date