

Three Rivers Christian School
ATHLETIC AND MEDICAL EMERGENCY AUTHORIZATION FORM

****PLEASE PRESS FIRMLY ENOUGH TO GO THROUGH ALL COPIES OF THIS FORM****

Student Name: _____ Date of Birth: _____ Grade: _____

Address: _____ Home Phone: _____

Parent or Legal Guardian: _____ Work Phone: _____
Cell Phone: _____

Health insurance is required by the WIAA for participation athletics.

Health Insurance Company: _____ Policy #: _____
Name of Physician: _____ Phone: _____

In case of emergency and parent/legal guardian cannot be reached, contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical Information:

Allergies: _____ Have you experienced seizures? If so describe: _____
 Ailments/General Conditions: _____ Activity Limitations & Restrictions: _____
 Current Medications: _____ Other: _____
 Past Operations: _____
 Do you have diabetes? _____
 Do you have a hearing loss? _____

AUTHORIZATION FOR MEDICAL TREATMENT: In case of illness, accident, or other emergency involving the above-named student, the principal or coach is authorized to act on my behalf when efforts to contact me are unsuccessful. As a parent or legal guardian, I authorize a qualified physician to examine the above-named student in the event of injury. I also give permission to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, if deemed necessary, to insure proper care of any injury. Every effort will be made to contact a parent or guardian to explain the nature of the problem prior to any involved treatment. I have also read the Athletic Code of Conduct; I give my consent for the above named student to engage in school and WIAA approved athletic activities as a representative of his/her school; and I give my consent for my son/daughter to accompany the team when it travels to other schools.
Parent/Guardian Signature: _____ **Date:** _____

Please mark the sports/activities in which the above name student might choose to participate this year:

Basketball Volleyball Cheerleading Golf

STUDENT STATEMENT: I have read the Code of Conduct contained the Three Rivers Christian School Athletic Handbook and agree to follow the guidelines set forth. The signature of both the student and parent/guardian on this form signify understanding and acceptance of the rules explained in the Athletic Handbook, including the safety cautions, considerations, and responsibilities required for participation on a sports team, as well as an understanding of the possible risks and dangers involved in such participation.
Student Signature: _____ **Date:** _____