

# Sports Medical Release Form

In the event of a medical emergency while on a school-sponsored activity/field trip with Faith Christian School staff and/or sports coaches, I hereby grant permission for Faith Christian School staff and/or coaches to see medical treatment as needed for my child(ren) named below. I understand that every attempt to contact me will be made. However, in a life for limb-threatening situation in which I cannot be reached in a time-effective manner, the above named person(s) has my permission to see appropriate medical care for my child.

Please fill this form out completely!

## STUDENT INFORMATION

Name:	_____	_____	_____	____/____/____	Y	N
	Last	First	Middle	Birthday	Tylenol OK?	
Name:	_____	_____	_____	____/____/____	Y	N
	Last	First	Middle	Birthday	Tylenol OK?	
Name:	_____	_____	_____	____/____/____	Y	N
	Last	First	Middle	Birthday	Tylenol OK?	
Name:	_____	_____	_____	____/____/____	Y	N
	Last	First	Middle	Birthday	Tylenol OK?	

## Insurance Information

Insurance Company: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Holder Phone #: \_\_\_\_\_

## HEALTH HISTORY

Name any chronic illnesses or medical conditions that your student is being treated for:

Name any known allergies:

## EMERGENCY CONTACT #1

Full Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
(If different than child's)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## EMERGENCY CONTACT #2

Full Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
(If different than child's)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## EMERGENCY CONTACT #3

Full Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
(If different than child's)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_