Calvary Christian School

Medical Release, Insurance and previous injury form — Complete and Turn In

Student's First Name	Last Name	Birth date	Age

Mailing Address	City	State	Zip Code

Parent/Guardian Name (s) Mother Father	Home Phone

Mother Work	Father Work	e-mail

Mother Cell	Father Cell	e-mail

Alternate Emergency Contact #1 Name:	Phone

Alternate Emergency Contact #2 Name:	Phone

Insurance Company	Policy#

Insurance Company Address	City	State	Zip

Pre-existing Medical Conditions including Allergies	Permission to dispense pain medication – Check all that apply ____Acetaminophen ____Aspirin _____ Ibuprofen Other (please list) _____

Current Status: ___ Able to participate ___ Participate with limitations (explain)
*Please provide a doctor's clearance if a previous injury or illness is a factor for athletic performance.

I, the undersigned parent/guardian of the individual named above, a minor, do hereby authorize the coaches of the Calvary Christian School to act on my behalf if medical attention is required. I understand that by signing this agreement, I hereby release and discharge Calvary Christian School from any and all liability resulting in injury associated with the student's participation in this activity. I will be responsible for any medical or other charges incurred in connection with his or her participation in the event.

X Parent/Guardian Signature _____ Date Signed _____