

Grace Brethren Christian School
6501 Surratts Road, Clinton, MD 20735

**SPORTS PERMISSION FORM
MEDICAL TREATMENT**

SPORT(S):

In the event of an emergency occurring while my son/daughter is on a school sponsored practice, performance or trip, I grant permission for the school and it's employees to take whatever action necessary. In the event that I cannot be reached, I hereby authorize the school and/or it's employees to give consent for my son/daughter,

_____, to receive medical treatment.
(Enter your son or daughter's name here)

I understand that the school has no funds to meet the bills resulting from necessary care of pupils in emergencies. I will be responsible for any costs, which may be incurred as a result of illness and/or injuries when reasonable and responsible care has been given.

NAME OF CHILD

CHILD'S GRADE

DATE OF BIRTH

AGE

PARENT'S NAME

ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE #

WORK PHONE #

If parent(s) cannot be reached, persons to be contacted in an emergency:

NAME

PHONE #

NAME

PHONE #

INSURANCE INFORMATION

NAME OF INSURANCE COMPANY

SUBSCRIBER'S NAME

INSURED'S ID #

GROUP NUMBER

Signature (Insured or Authorized Person)

DATE

EVERY PLAYER MUST HAVE A PHYSICAL EXAMINATION BY A PHYSICIAN WHO IS TO GIVE APPROVAL IN WRITING FOR SPORTS PARTICIPATION EACH SCHOOL YEAR.

Circle appropriate answer:			
Heart Condition or Disease	Yes	No	
Diabetes	Yes	No	
Convulsions Disorder	Yes	No	
Asthma	Yes	No	
Allergic to Medication	Yes	No	
Allergic to Insect Stings	Yes	No	
State Allergies:			
Date of Last Tetanus Shot:			
Special Medication taken on a regular basis:			
Physical Impairments/Limitations:			
General Health:			
Additional medical information that may be helpful:			
List any medication(s) currently receiving:			
Doctor's Name (Print)			
Doctor's Signature		Date	
Doctor's Office Address			
City		State	Zip
Doctor's Office Phone Number			
Parent's Signature		Date	
Home Street Address			
City		State	Zip
Home Phone #	Father's Wk.#	Mother's Wk.#	