Friendship Christian School
2010-2011
Medical Release Form

In case of emergency or accident during any school activity involving my child which in the opinion of the school authorities present requires immediate medical attention, I hereby grant permission to said school authorities to obtain the services of a physician or to transport my child to the hospital if it is deemed necessary by school authorities. I hereby grant permission, also, to said physicians to treat said condition unless I am present to request other wise.

Release of Liability and Acknowledgement of Risk:
Although participation in supervised interscholastic athletics may be on the least hazardous in which the students will engage in or out of school, by its nature participation includes the risk of injury which may range in severity from minor to long term catastrophic, including permanent paralysis from the neck or death. I acknowledge that although serious injuries are not common in supervised school athletics, it is not possible to eliminate the risk; therefore, I release Friendship Christian School of any and all liability for my child during participation in the athletic program or transportation to and from athletic events.

Responsibility of the Student Athlete
I agree that players must obey all safety rules, report all physical problems to their coaches, follow proper conditioning program and inspect their equipment.

By signing this consent form I acknowledge that I have read and understand the provisions within and give my consent for my child to participate in the Friendship Christian School athletics program. I acknowledge the release of liability as well as acknowledge the risk and consent to allow participation in and transportation to and from school sports activities. This shall remain in effect for the school year 2010-2011.

Student Name:____

Date of Birth:______________________ Grade:______________

Address:____

Day Time Phone Number:___________________In case of Emergency Phone#________________

List all known Medical Conditions, including drug or food allergies of child

____

List all known over the counter or prescription drugs taken regularly by child

____

Physician's Name__________________________________Physicial Phone___________________

Primary Insurance Company____________________________Phone_________________________
Policy Number_______________________________ID #_________________________________

Signature of Parent/Guardian____Date______________