

WARRIOR ATHLETICS
MEDICAL RELEASE FORM
WHITESBURG CHRISTIAN ACADEMY
2018-2019 School Year

Good for all school sports during the 2018-2019 school year.

Student's Name: _____ Age: _____ Sex: _____

Grade: ____ Date of Birth: _____ Home Phone: _____ E-mail: _____

Father's Name: _____ Employment: _____

Mother's Name: _____ Employment: _____

Insurance Information: Company _____ Policy/I.D. Number _____

Student's Health History (List all operations, serious illnesses, and pre-existing medical conditions: use back for more space, if needed):

_____ Date (s): _____

List All Drug Reactions: _____

Allergies (Describe): _____

List Any Physical Handicaps: _____

Emergency Numbers (please list any person who could be reached in your absence):

Father: Work _____ Cell _____ Home _____

Mother: Work _____ Cell _____ Home _____

Other Contacts:

Name: _____ Relation: _____

Work Phone: _____ Cell _____ Home _____

Name: _____ Relation: _____

Work Phone: _____ Cell _____ Home _____

If necessary, Whitesburg Christian Academy may seek all services in the case of emergency. In the event that I cannot be reached, I give permission for this student to be transported to a hospital/medical facility. I also authorize the hospital/medical facility to provide emergency medical or surgical treatment. I will assume full responsibility for all charges related to the above, and release the school and the school system, its agents, employees, and administrators from any and all liability claims and causes of action in connection with the transportation and/or treatment of the student named herein.

IN WITNESS of our agreement and consent to the matters stated in the foregoing, I have subscribed my signature below.

PARENT/GUARDIAN SIGNATURE **DATE**