

MEDICAL EMERGENCY AUTHORIZATION FORM

TO BE COMPLETED BY PARENT AND RETURNED TO SCHOOL ATHLETICS OFFICE

Name of Student-athlete: _____

As Parent or Legal Guardian, I authorize the team physician or, in his/her absence, a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he deems necessary to insure proper care of any injury. Every effort will be made to contact the parent or guardian to explain the nature of the problem prior to any involved treatment.

Name _____ **Date** _____
(Signature of Parent or Guardian)

Parent's Home Phone _____

Parent's Business or Cell phone _____

Emergency Contact Person:

Name _____

Phone _____

Relationship of contact person to student: _____

Physician's Name _____

Phone _____

Name of Family Insurance Company _____

Policy # _____

Life Christian School/Academy

Parent-Student Activity Participation Statement

NOTIFICATION OF POTENTIAL FOR INJURY:

- **STUDENT**

I understand that there is a risk of injury in athletic participation. I understand that the dangers and risks of playing or practicing in sports include but are not limited to serious neck and/or spinal injuries which may result in brain damage, paraplegia, quadriplegia, serious injury to virtually all organs and/or bones, and in some cases death.

I have read the above and recognize the dangers of participating in athletics. I also recognize the importance of following the coach's instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions.

- **PARENT**

I realize that athletic participation can involve many risks of injury including but not limited to those risks listed in the student section above.

I hereby grant permission for my child to participate in athletics. I agree that Life Christian School/Academy and/or authorized employees of said academy shall not be held liable for accidents or injuries received by my son/daughter while engaged in LCS/A sponsored athletics. I further agree that LCS/A, authorized employees or student organizations will not be responsible for payment of medical services resulting from such accidents or injuries.

NOTIFICATION FOR NEED OF ATHLETIC INSURANCE COVERAGE:

I, the undersigned, understand that my student should not participate in interscholastic athletics unless he/she is covered by accident insurance. I have accident insurance that will cover interscholastic athletics, or I know can purchase school insurance from another source. I accept full responsibility for the cost of treatment for any injury my child may suffer while participating in an interscholastic athletic program. (SPECIAL NOTE: Many insurance plans do not cover interscholastic athletics).

NEED TO ABIDE BY THE ACTIVITY CODE OF CONDUCT:

By my signature I am indicating that I have read and agree to abide by the school's code of conduct and extracurricular guidelines as outlined in the LCS/A Student Handbooks.

PHYSICAL EXAMINATION NOTIFICATION:

As regulated by WIAA, every student who participates in interscholastic athletics or cheer squad must pass a physical examination from a licensed medical physician prior to participation. Physicals are valid for a 13 month period.

I give permission for my child to participate in the following sport(s): _____

_____.

STUDENT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

GRADE OF STUDENT: _____