

## Bethesda Christian School Athletic Emergency Form

Athlete's Full Name \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Male Female  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Father/Guardian's Name \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Mother/Guardian's Name \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
If a preference: Which parent/guardian should be called first? Father \_\_\_\_\_ Mother \_\_\_\_\_

### Emergency Information

Other persons to call in case of emergency if parents cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Does the athlete have asthma? Yes/No If yes, carry an inhaler? Yes/No \*\*Date of last tetanus \_\_\_\_\_

Does the athlete have diabetes? Yes/No If yes: Injections/shots Pump Neither

List all items the athlete is allergic to: \_\_\_\_\_ EpiPen? Yes/No

List any other medical conditions: \_\_\_\_\_

### Insurance Information

Person Insurance is Listed under \_\_\_\_\_ Group# \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_ Phone # \_\_\_\_\_

### Consent to Participate

I/We the undersigned, parent(s)/legal guardian(s) of above named student, do give permission for the student to participate in Bethesda Christian School's Athletic Program.

I/We understand there are risks/dangers involved while participating in sports activities and recognize that such sports activities are strenuous and may involve intense physical contact. I/We assume responsibility for those ordinary and reasonable risks associated with travel and activities.

I/We are also familiar with the general physical condition of the above named student and know no reason to limit the student's participation in sports activities except those listed above or on the Medical History/Physical Examination Form turned in to the School Nurse.

I/We hereby give consent for the above named student to travel with the coach or other representative of the school on any trips.

I/We agree to hold harmless Bethesda Christian School, its affiliated organizations, employees, agents, and representatives, including volunteer chaperones, from any and all claims arising from my child's participation.

### Medical Consent

In case of accident, illness, or other emergency, I/we request that the school contact me/us. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/We authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/We agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/We also agree to be financially responsible for emergency medical transportation.

I/We hereby authorize the Athletic Trainer, Coach, School Nurse, and the physicians caring for my child to communicate information regarding the health status of my child as it relates to their ability to participate or the care of their injuries/illness.

***If the child lives with both parents/guardians, this release must be signed by both parent/guardians.***

\_\_\_\_\_  
Father/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian's Signature

\_\_\_\_\_  
Date