



Emergency Information, Release and Permission to Participate on a Sports Team

Student _____ Grade _____ Date of birth _____

Address _____

Sport _____ School Year _____

Date of Physical Exam (required once for US students, and every other year for LS students.) _____

Parent EMAIL _____ Athlete EMAIL _____

Emergency Phone Numbers:

Father _____ Home _____ Cell _____ Work _____

Mother _____ Home _____ Cell _____ Work _____

Emergency Contact, other than the above who can be called upon in an emergency:

Name _____ Home _____ Cell _____ Work _____

Emergency Medical Information:

Student's Doctor _____ Phone _____

Student's Dentist _____ Phone _____

Please list all **allergies** to: (if none, please state NONE in the appropriate blank)

Medications _____

Foods _____

Insects _____

Latex/Other _____

Has your child ever had an **allergic reaction** requiring hospital treatment or an **Epipen**? _____

If yes, please provide detail: _____

Does your child have any **medical condition** or **asthma**? _____ If so, please describe:

Medications:

Please list all **medications**, including **inhalers**, prescribed to your child, as well as dosages and frequency of use: _____

Insurance Coverage:

Insurance Company _____ Policy # _____
Name of Subscriber _____

Permission to Participate and Transport to Games:

I give permission for my child _____ to participate on the PCA
_____ team. I understand that my child and I must abide by all PCA
policies and rules regarding athletics.

I verify that a completed physical examination form has been submitted to PCA. Yes/No

I verify that my son/daughter has been cleared by a physician to participate in sports with no restrictions.
Yes/No. Restrictions: _____

I also give permission to PCA to transport my child to and from sporting events by the bus
provided by PCA.

Signature of Parent/Guardian: _____ Date: _____

Permission to Treat:

I give permission to PCA and its employees and/or coaches to treat minor injuries or to transport my child to
the nearest medical facility via ambulance in the event of a more serious injury or illness. I understand that
the PCA employees and/or coaches will use their best judgment in treating my child. I will make every effort
to be available by phone while my child is participating in this sport and will provide PCA with updated
phone numbers as they change.

I also give permission to PCA and its employees and/or coaches to give my child acetaminophen
(Tylenol) should he/she require it.

Signature of Parent/Guardian: _____ Date: _____

Release:

I/we acknowledge that participating in sports can be dangerous activities involving many risks of injury. In
consideration of my child/ward being allowed to participate in competitive sports, and intending to be legally
bound, I/we do hereby release and forever discharge Portsmouth Christian Academy (PCA), its Board, officers,
employees, coaches, agents, administrators and volunteers from any/all liabilities, claims, losses, demands, costs,
expenses, or rights of action, of whatever kind or nature, which I/we have or which may hereafter accrue to me/us
against PCA, by reason of injuries sustained by my child/ward participating in sports or in transit to or from
participation in sports. I/we agree, for myself/ourselves and successors, that this Agreement and Release of
Liability contains the entire agreement between myself/us and PCA and that the terms hereof are contractual and
not a mere recital.

Signature of Parent/Guardian: _____ Date: _____