



## 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 every 12 months.) \_\_\_\_\_

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: \_\_\_\_\_