

Student: _____ Grade: _____

FAITH CHRISTIAN SCHOOL PARENT OR GUARDIAN'S PERMIT

NOTE: This permit is required to be filed with the principal before a student may take part in any school athletic activities.

I hereby give my consent for the above named student to compete in the approved sports circled below:

Volleyball

Soccer

Basketball

I give my permission for him or her to go with the coach or other representative of the school on any authorized trips. I agree to be responsible for the safe return of all athletic equipment issued by the school to the above named student.

I give my permission for _____ to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, quadriplegia or even death. I have read and understood the Faith Christian School Philosophy of Sports in the school handbook.

I acknowledge that I have read and understand this warning.

Date

Parent or Guardian Signature

Student / Athlete Signature

FAITH CHRISTIAN SCHOOL EMERGENCY MEDICAL CONSENT FORM

Student Name: _____ Birth Date: _____

Parent or Guardian names: _____ Home Phone: _____

Father's Work Phone: _____ Father's Cell Phone: _____

Mother's Work Phone: _____ Mother's Cell Phone: _____

Other person to contact in an emergency: Name _____

Home Phone _____ Work Phone: _____ Cell Phone: _____

Name of student's doctor _____ Phone _____

Hospital preference _____ Phone _____

Insurance Company _____

Allergies to medication _____ No _____ Yes – Please list _____

Date of last tetanus shot _____

In signing this form I give my permission for my child to participate in Faith Christian School sporting events and practices. If my child becomes ill or is injured while under school supervision, I authorize the school authorities to take the following steps:

1. Contact a parent and follow his or her instructions.
2. If the parent or one designated by them cannot be reached, contact the student's doctor and follow his or her instructions.
3. Contact, at their discretion, a licensed, practicing doctor and follow his or her instructions.
4. If the situation deems it necessary, call an emergency paramedic unit in case of accident or acute illness and to arrange for necessary emergency medical and surgical care.

I also agree to accept responsibility for the cost of any and all of the medical services provided for the above named student, which are not paid for by insurance.

The consent I give is intended by me to extend throughout the current school year.

Parent Signature _____ Date _____