

# MEDICAL RELEASE / PERMISSION FORM

## *Hampton Christian Academy*

This form is only good *for ONE SCHOOL YEAR*: therefore, **EVERY** athlete **MUST** turn in a new form each year. All athletes, Junior High, Junior Varsity, and Varsity, must turn in a completed form **BEFORE** they can practice or try out for any sport.

### PLEASE FILL OUT AND RETURN THIS ENTIRE FORM

FULL NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE ON 10/01/18 \_\_\_\_\_ GRADE IN 2018/2019 \_\_\_\_\_

ADDRESS, CITY, STATE, ZIP \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ WORK # \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ WORK # \_\_\_\_\_

PRIMARY PARENT'S CELL # \_\_\_\_\_ STUDENT # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

MEDICAL INSURANCE AND ID NUMBER: \_\_\_\_\_

ALLERGIES OR MEDICINES STUDENT IS ALLERGIC TO \_\_\_\_\_

STUDENT IS PRESENTLY TAKING THE FOLLOWING MEDICINES \_\_\_\_\_

LIST ANY ADDITIONAL INFORMATION \_\_\_\_\_

***THE SCHOOL DOES NOT CARRY ACCIDENT INSURANCE. IT IS THE RESPONSIBILITY OF THE FAMILY TO COVER ANY ACCIDENT-RELATED EXPENSES. ALL STUDENT ATHLETES MUST HAVE INSURANCE.***

PARENT'S STATEMENT: I hereby give my consent for the above-named student to compete in sports. I authorize the student to go with, and be supervised by, a representative of the school on any trips. In case this student becomes ill or is injured, I authorize *Hampton Christian Academy* personnel to have the student treated and authorize the medical agency to render treatment. I understand that school personnel will endeavor to reach me should the nature of the injury or illness warrant it. However, I will not hold school personnel responsible if efforts to contact me are unsuccessful.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent's Signature \_\_\_\_\_

**PERMISSION TO RIDE SCHOOL VAN/BUS:** *I hereby give permission for the above-named student to ride to and from practices, home games, and away games on the school transportation (van/bus). I understand that the above-named student is required to ride school transportation to all away games.*

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent's Signature \_\_\_\_\_

**PERMISSION TO RIDE WITH ANOTHER PARENT(S):** *I hereby give my permission for the above-named student to ride with another parent to and from practices and home games, and from away games. The following are approved parents:*

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent's Signature \_\_\_\_\_

**PERMISSION for STUDENT to DRIVE:** *I hereby give my permission for the above student to drive himself/herself to practices and home games.*

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent's Signature \_\_\_\_\_

**PERMISSION TO TAKE OTHER STUDENTS:** *I hereby give permission for the above-named student to drive other students to practices and home games.*

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent's Signature \_\_\_\_\_

**PERMISSION TO RIDE WITH ANOTHER STUDENT(S):** *I hereby give permission for the above-named student to ride with other students to practices and home games. The following are approved student driver(s):*

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent's Signature \_\_\_\_\_

Please check what you are willing to do regarding **the required 4 hours of athletic department service:**

**YES**, I will work my 4 hours for **each sport** my child participates in. *\*I understand that it is my responsibility to contact the Athletic Office to schedule this\**

**NO**, instead of volunteering, bill \$100.00 to my account for **each individual sport** my child participates in.