

PLEASANT VIEW CHRISTIAN SCHOOL



PHYSICIAN'S CERTIFICATE

I hereby certify that (name) _____ has been examined by me and found physically fit to engage in all school athletics.

DATE: _____ PHYSICIAN'S SIGNATURE _____

EMERGENCY TREATMENT

To All Parents:

Since the malpractice question has come to the forefront, many hospitals and doctors will not treat a child without parent's consent (unless a matter of life and death). Please complete the information below so that if your child requires a visit to the hospital while under the supervision of PLEASANT VIEW CHRISTIAN SCHOOL, this will allow the hospital to treat the injury.

EMERGENCY INFORMATION

Name: _____ Date of Birth: _____ Age: _____

Sport(s) _____ Grade: _____ Gender: M ___ F ___

Home Address: _____

Parents' Name or Legal Guardian:

Father _____

Mother _____

Father's SS# _____

Mother's SS# _____

Father's Cell # _____

Mother's Cell # _____

Another Person to Contact:

Name: _____

Phone # _____

INSURANCE INFORMATION

INSURANCE COMPANY NAME: _____

POLICY AND GROUP NUMBERS: _____

Allergies or Allergic Reaction to any medications: Yes ___ No ___

If yes, what? _____

CONSENT STATEMENT AUTHORIZING TREATMENT

I, the parent or guardian of _____ do authorize to the managing personnel of Pleasant View Christian School to obtain medical care from any licensed physician, hospital, or medical clinic should the student become ill or injured while participating in school activities away from home, or at other times when both parents are unavailable to grant authorization for emergency treatment.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

PARENTS' CONSENT

I hereby give my consent for (name) _____ to participate in any and all sports activities the current school year. I assume all risks and hazards incidental to such participate including transportation to and from the activities; and do hereby waive, release, absolve, and agree to hold harmless Pleasant View Christian School and its coaching staff for any claim arising out of any injury to the student.

Date: _____ Signature of Parent or Legal Guardian: _____

Signature and Seal of Notary Public: _____

My commission expires: _____