



CASCADE CHRISTIAN JR./SR. HIGH

2011 -2012 Athletic Emergency Medical Form

Name of Student Athlete: _____
(Last Name) (First Name) (Middle Initial)

Address: _____

Grade: _____ Date of Birth: _____

Name of Parent or Guardian: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

Nearest Relative: _____

Emergency Phone Number: _____

Insurance Company: _____ Policy Number: _____

Student athletes will not be allowed to participate without proof of insurance coverage.

In case of an emergency, the parent/guardian prefers that Cascade Christian Jr./Sr. High contacts the following, if possible:

Preferred Hospital: _____ Phone: _____

Family Physician: _____ Phone: _____

Please list any special instructions or conditions that we should know. (allergies, known medical conditions, etc...)

Liability Release Statement:

By signing below, I agree to hold harmless Cascade Christian Schools from all demands, claims, actions, and damages arising during the above mentioned activity which are beyond the influence of supervising staff. If an injury occurs, I agree to use personal insurance to cover medical costs.

Signed: _____ Date: _____

Name (print): _____

Relation to Student: _____

Consent for Medical Treatment:

In the event of any medical emergency involving the above named student, I, the undersigned, as his or her parent or legal guardian, hereby grant authority and consent to the staff of Cascade Christian Jr./Sr. High to administer or arrange for reasonable medical care for my child in the event that I cannot be contacted in time by reasonable means. For a medical emergency I further consent and grant authority to a physician, nurse or other appropriate health care provider to render whatever emergency care they deem necessary.

Signed: _____ Date: _____

Name (print): _____

Relation to Student: _____