



MARYVILLE
CHRISTIAN SCHOOL

SPORTS/ACTIVITY _____

Maryville Christian School

Brian Kamadulski, Administrator

Chad Laughlin, Administrator

Jeremy Heigert, Assistant Principal

**2018-2019 ATHLETICS/EXTRACURRICULAR ACTIVITY
MEDICAL AUTHORIZATION FORM**

IMPORTANT: ALL REQUESTED INFORMATION MUST BE COMPLETED AND SUBMITTED TO THE COACH PRIOR TO PARTICIPATION. PARTICIPANTS WILL NOT UNDER ANY CIRCUMSTANCES BE ALLOWED TO TAKE PART IN PRACTICES, COMPETITIONS, OR ACTIVITIES WITHOUT COMPLETION OF THIS FORM.

**** STUDENTS ARE NOT ELIGIBLE TO PARTICIPATE IN PRACTICES OR GAMES WITHOUT AN UP-TO-DATE SPORTS PHYSICAL. SPORTS PHYSICALS EXPIRE 13 MONTHS FROM THE DATE OF THE PHYSICAL. THE PHYSICAL MUST BE ON FILE IN THE MCS OFFICE.**

In case of emergency and a parent cannot be reached by phone, I authorize any teacher/sponsor to obtain medical treatment for my son/daughter :

Student's Name: _____

EMERGENCY PHONE NUMBERS:

Day: Father _____ Mother _____ Friend _____

Evening/Night: Home _____ Other _____

MEDICATION INFORMATION:

1. Is student taking medication on a regular basis? Yes No

Name of medication _____

Dosage _____

Reason for medicationN _____

2. Is your child allergic to any medications? Yes No

If yes, which? _____

3. Are there any medical or physical problems of which we need to be aware? _____

4. If given a preference, what hospital would you like your child taken for treatment in the event of a medical emergency? _____

Insurance Company _____

Name of Insured _____

Policy Number _____ Group Number _____

Child's Physician _____ Phone Number _____

I understand that as the parent/guardian of the above-named student, I am responsible for medical expenses incurred. I certify that the above information is accurate and complete and is required for my child to participate in the sport/activity.

Parent's Signature _____ Date: _____

Parent Email Address(es) _____