

# EMMANUEL CHRISTIAN SCHOOL

178 Earline Road Dothan, AL 36305

## MEDICAL PERMISSION AND RELEASE FORM

2007-2008

Name \_\_\_\_\_ Age/DOB \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ Parent's Phone #s \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

ECS offers Supplemental Accident Insurance that provides school-year coverage for \$9/ year.

\_\_\_\_\_ I already have insurance coverage for my family, and do not wish to participate in the Supplemental Accident Insurance program.

\_\_\_\_\_ I am participating / wish to participate in the Supplemental Accident Insurance program.

Family Insurance Co. \_\_\_\_\_ Phone \_\_\_\_\_

Group Number \_\_\_\_\_

### MEDICAL INFORMATION

ALLERGIES: (food, drugs, insect stings, etc.) \_\_\_\_\_

\_\_\_\_\_

List all medical/physical conditions that the coaching staff should be aware of, as well as any specific instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PERMISSION FOR TREATMENT

**My permission is granted for any sponsoring adult or staff member of Emmanuel Christian School in charge of the athletic events to obtain necessary medical attention in case of sickness or injury.**

**Although all precautions will be taken to ensure the safety of all children, I recognize accidents do happen.**

**Therefore I do hereby release Emmanuel Christian School along with its staff, sponsors, board members and Athletic Department from any and all claims, demands, actions or cause of action, past, present or future arising out of any damage or illness incurred while participating in the Emmanuel Christian School Athletic activity.**

Signature or Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

### PHYSICAL EXAMINATION VERIFICATION

**My child, \_\_\_\_\_, has had a physical in the past 12 months, and by my signature I authorize him/her to participate in Emmanuel Christian School's extracurricular sports program.**

Signature or Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_