



Monte Vista Christian School Athletic Participation Permission Form
AUTHORIZATION FOR TREATMENT OF A MINOR

Name of Student _____ Grade _____

Home Address _____ DOB _____

Email Address _____ Ph. _____

MEDICAL WAIVER/RELEASE

My child has permission to participate in competitive athletics at Monte Vista Christian School. If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services, which requires my authorization or consent before the same can be supplied by the undersigned, I hereby authorize, appoint and empower Monte Vista Christian School and its staff to act as my agent to furnish on my behalf such oral or written authorization as may be required, and release Monte Vista Christian from any and all liability which might arise from giving such authorization; it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

Print Name of Parent _____

Parent Signature _____ Date _____

EMERGENCY INFORMATION

Parent/Guardian Name _____ Employer _____ Ph. _____

Parent/Guardian Name _____ Employer _____ Ph. _____

In case parents cannot be contacted, please provide alternative contacts:

Name _____ Relationship _____ Ph _____

Name _____ Relationship _____ Ph _____

PLEASE LIST ANY MEDICAL CONDITIONS AND MEDICATIONS

Allergies: _____

Medications: _____

Other: _____

INSURANCE INFORMATION

School Policy: All athletes must have medical insurance coverage. Contact Athletic Office if needed.

Primary Insurance Company _____

Policy # _____