

Main Campus: 7571 S. Ridge Road  
Dixon, IL 61021  
Tel: 815.652.4806

Faith Christian School

Elementary Campus: 7881 S. Green Street  
Dixon, IL 61021  
Tel: 815.652.4488

### MEDICAL AUTHORIZATION AND PARENTAL CONSENT FORM FOR ATHLETICS

**Athlete's Name:**

Street Address: \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**Known Medical Conditions:**

Current Medications: \_\_\_\_\_  
\_\_\_\_\_

**Medical Information:**

Family Doctor: \_\_\_\_\_  
Doctor Phone Number: \_\_\_\_\_  
Family Dentist: \_\_\_\_\_  
Dentist Phone Number: \_\_\_\_\_  
Medical Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Date of last Tetanus Shot: \_\_\_\_\_

**Parent or Guardian Name:**

Street Address: \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_

**Alternate Contact Name:**

Home Phone Number: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_

**Alternate Contact Name:**

Home Phone Number: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_

**Special Notes:**

\_\_\_\_\_

**\*A new Emergency Information Sheet must be submitted every year, or as information changes.**

I, \_\_\_\_\_ (parent/guardian), do hereby given permission for \_\_\_\_\_ (athlete's name) to attend and participate in activities sponsored by Faith Christian School. My child may ride in transportation provided by Faith Christian School. I authorize an adult representative of Faith Christian School to consent to any and all medical and hospital care and treatment as deemed necessary for the health and well-being of my child by a duly-licensed physician selected by said adult representative. I understand that I shall be fully responsible for, and agree to pay for, all costs and expenses incurred in connection with such medical services rendered to my child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, I agree to assume all transportation costs. I agree to assume the risk of, and release Faith Christian School, its staff and representative from, any and all injury and liability arising out of or relating to the activities conducted or sponsored by Faith Christian School. I state that the information on this form is correct.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

COMPLETE RELEASE AND INDEMNITY AGREEMENT  
(ATHLETIC EVENTS)

Student Athlete's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Transportation is provided by Faith Christian School (FCS) to and from FCS athletic games. If a student chooses to drive or ride in another vehicle other than the vehicle provided by FCS, FCS insurance may not cover the student. Please sign this form to release FCS from any responsibility in the event of an accident and/or injury or property damage when your student chooses to drive or ride in a vehicle other than the specific vehicle provided by FCS.

As parent/guardian for the above-named student athlete (hereinafter referred to as the "MINOR") by my execution hereof, I hereby release, hold harmless, indemnify and discharge FCS, its volunteers, agents, employees, officers, directors, sponsors, and/or coordinators from any and all liability, costs, expenses, attorneys fees, claims and settlements arising out of or related to or growing out of treatment or care from nurses, doctors, hospitals and other medical units for any and all injuries sustained by MINOR related thereto.

Further, I hereby give permission to FCS for the MINOR to be transported by approved drivers or vehicles provided by FCS.

I fully understand that this Complete Release and Indemnity Agreement will be binding upon MINOR'S heirs, executors, administrators, and assigns and that the beneficiaries of the Complete Release and Indemnity Agreement are and will be relying upon my consent on behalf of and as parent/guardian for MINOR as evidenced by my signature, as an inducement to accepting the Complete Release and Indemnity.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name