

**Main Campus**  
7571 S. Ridge Rd  
Dixon, IL 61021  
815-881-1015



**Elementary Campus**  
7881 S. Green St  
Dixon, IL 61021  
815-881-1015

**MEDICAL AUTHORIZATION AND PARENTAL CONSENT FORM FOR ATHLETICS**

**A new emergency information sheet must be submitted every year, or as information changes.**

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

Parent / Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Gender: Male Female

Phone Number: \_\_\_\_\_

Known Medical Conditions (Examples: communicable disease, cardiovascular problems, diabetes, asthma etc.): \_\_\_\_\_

Family Dr: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Family Dentist: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Health Insurance Company: \_\_\_\_\_

Do you wear glasses or contact lenses: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

I, \_\_\_\_\_ the parent / guardian, do hereby give 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 in connection with athletic activities.
- In case of emergency and a parent cannot be reached, I authorize an adult representative of Faith Christian School to consent to any and all medical, hospital care, and treatment as deemed necessary for the health and wellbeing of my child by a physician selected by said adult representative. I understand that I shall be fully responsible for, and agree to pay for, all cost 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 / Guardian Signature

\_\_\_\_\_  
Date

**COMPLETE RELEASE AND INDEMNITY AGREEMENT ATHLETICS EVENTS**

Transportation is provided by Faith Christian School (FCS) to and from FCS athletic games and practices. If a student chooses to drive or chooses to 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 below-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, attorney 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 Agreement.

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Athlete's Name:

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Parent / Guardian Signature

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Date