

Medical Release/Permission Form
Richmond Christian High School

This form is only good for **ONE SCHOOL YEAR**; therefore, **EVERY athlete MUST** turn in a new form each year. All athletes, Middle School, Junior Varsity, and Varsity, must turn in a completed form **BEFORE** they can practice or try out for any sport.

PLEASE RETURN THIS ENTIRE FORM

STUDENT FULL NAME _____

BIRTHDATE ___/___/___ AGE ON/After 10/1/16 _____ GRADE IN 2016/17 _____

ADDRESS, CITY, ZIP CODE _____

HOME PHONE NUMBER _____ WORK NUMBER _____

FATHER'S NAME _____ CELL # _____

MOTHER'S NAME _____ CELL # _____

E-MAIL ADDRESS _____

NEAREST RELATIVE TO CONTACT _____ PHONE _____

MEDICAL INSURANCE AND ID NUMBER _____

ALLERGIES OR MEDICINES STUDENT IS ALLERGIC TO _____

STUDENT IS PRESENTLY TAKING THE FOLLOWING MEDICINES _____

LIST ANY ADDITIONAL INFORMATION _____

THE SCHOOL DOES NOT CARRY ACCIDENT INSURANCE. IT IS THE RESPONSIBILITY OF THE FAMILY TO COVER ANY ACCIDENT-RELATED EXPENSES. ALL STUDENT ATHLETES MUST HAVE INSURANCE

Please return this to the athletic department

PARENT'S STATEMENT: I hereby give my consent for the above-named student to compete in sports. I authorize the student to go with, and be supervised by, a representative of the school on any trips. In case this student becomes ill or is injured, I authorize RCS personnel to have the student treated and I authorize the medical agency to render treatment. I understand that school personnel will endeavor to reach me should the nature of the injury or illness warrant it. However, I will not hold school personnel responsible if efforts to contact me are unsuccessful.

Date ___/___/___ Parent's Signature _____

PERMISSION TO RIDE SCHOOL VAN/BUS: I hereby give permission for the above-named student to ride to practices and home games on the school van/bus.

Date ___/___/___ Parent's Signature _____

PERMISSION TO RIDE WITH ANOTHER PARENT: I hereby give my permission for the above-named student to ride with another parent to practices and home games. The following are approved parents:

1. _____ 2. _____
3. _____ 4. _____

Date ___/___/___ Parent's Signature _____

PERMISSION for STUDENT to DRIVE: I hereby give my permission for the above student to drive himself/herself to practices and home games.

Date ___/___/___ Parent's Signature _____

PERMISSION TO TAKE OTHER STUDENTS: I hereby give permission for the above-named student to drive other students to practices and home games.

Date ___/___/___ Parent's Signature _____

