

FREMONT CHRISTIAN SCHOOL
PERMISSION / MEDICAL RELEASE FORM
 Athletic contest Date: _____

I give my permission for my child to take part in a school sponsored trip including outreach activities away from the school premises, and providing reasonable care had been taken, absolve the school from liability to me or my child because of injury to my child at school or during any school activity.

I hereby authorize Fremont Christian School personnel to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical care, in case I am not immediately available. Any qualified physician, called by Fremont Christian School personnel, may treat and do whatever is necessary for the health and well being of my child. It is understood that a conscientious effort must be made to notify me (parent/guardian) before such action will be taken.

Specifically, I give my child permission to attend the **JH JV V Game @** _____ I authorize any of the adult supervisors to seek medical attention for my child in the event that it is needed. I also understand that my child must be on the bus to and from the game. If he/she is in violation of any of the rules and guidelines set forth by the administration/coach, they will not be permitted to attend any other games with the team. Any serious infraction warranting an early trip home is determined by an administrator and a parent will be contacted before such arrangements are made.

Permission from teachers: 6th per. _____
 7th per. _____
 8th per. _____

Permission of coach(es) _____

DATE: _____ CHILD'S NAME: _____

BIRTHDATE: _____

PARENTS SIGNATURE: Father _____
 Mother _____
 or
 Legal Guardian _____

EMERGENCY NUMBERS: (PLEASE PRINT)

NAME	ADDRESS	TELEPHONE and/or PAGER	RELATIONSHIP

INSURANCE CO.: _____ POLICY/CARD# _____

DOCTOR'S NAME: _____ PHONE# _____

DENTIST'S NAME: _____ PHONE # _____

PLEASE LIST ANY MEDICATION YOUR CHILD IS CURRENTLY TAKING _____

LIST ALLERGIES TO ANY MEDICATION _____

DOES YOUR CHILD HAVE ALLERGIC REACTIONS TO BEE STINGS? _____
 (If yes, please be sure to send along a bee sting antidote kit.)