



Medical Consent Form

Name of Participant _____

Birthday _____ Grade Level _____

Parent(s) name _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

Phone (Dad's Cell) _____ (Mom's Cell) _____

Name of Insurance _____ Group/policy No _____

Name of Insured _____ ID No. _____

Name of Primary Physician _____

Allergies/Medical Conditions _____

Medications _____

IN CASE OF MEDICAL EMERGENCY

I understand that when medically feasible, an effort will be made to contact a parent or guardian, but in the event that a parent cannot be reached, or if it is not medically feasible to contact a parent, I hereby give my permission for my son/daughter to be treated.

Signature of parent or guardian

Date

In the event that consent is needed for medical care on a non-emergency basis, and I cannot be reached, the following person is authorized to act on my behalf.

Name _____ Relationship to athlete _____

Address _____

Phone Number(s) _____

Signature of parent or guardian

Date

Under no circumstances will the coach or staff of the St. Louis Christian Homeschool Sports Association, nor the staff of a practice, camp, or game facility be held responsible for any injury occurring before, during, or after my child's practice(s), camp(s), or game(s).

Signature of parent or guardian

Date