

## 2011/2012 ECS Traveling Athlete Medical Form

Athlete's Name \_\_\_\_\_ Grade \_\_\_\_\_

Name of Insurance \_\_\_\_\_ Insurance No. \_\_\_\_\_

### Athletic Traveling Permission

I (We), the parent(s)/guardian(s) of \_\_\_\_\_, an athlete at Elyria Christian School, give permission for my/our child to participate in all ECS athletic trips. Travel may include ECS vehicles and/or designated parent vehicles. I/We understand that reasonable precautions will be taken to safeguard my/our child during the trips and I/we will not hold ECS or designated parent drivers responsible for any accidents or losses which might be sustained during the trip.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

### Release for Emergency Medical Treatment

I (We), the parent(s)/guardian(s) of \_\_\_\_\_, an athlete at Elyria Christian School, hereby authorize the school staff, including coaches and athletic director, to perform or procure whatever emergency medical treatment is deemed necessary for the assistance of my/our child. This may include transportation to a local hospital or summoning emergency medical help to the site of the athletic event. Although every effort will be made to contact me/us as soon as possible, I agree that the above emergency measures may be performed prior to my/our knowledge and that I/we assume full responsibility for any financial liability thereof.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

### Nonprescription Medication Release

(Circle any medications your child may take at athletic competitions.)

Tylenol      Ibuprofen      Tums

I (We), the parent(s)/guardian(s) of \_\_\_\_\_, give my/our permission for ECS school staff to administer the above nonprescription medications as noted above or as directed on the bottle to my/our child. I/We understand that any school employee who administers any of the above listed drugs to my/our child in accordance with the written instructions above or on the bottle shall not be liable for damages as a result of an adverse drug reaction suffered by my/our child because of administering such drug.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

Athlete's Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Parent's/Guardian's Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Parent's/Guardian's Cell Phone(s) \_\_\_\_\_

Emergency Person (in case parents/guardians cannot be located)

\_\_\_\_\_  
Phone \_\_\_\_\_

(Revised 7/09)