



PROVIDENCE CHRISTIAN SCHOOL OF TEXAS ATHLETIC PERMISSION FORM

I hereby give my consent for the student athlete, _____, Class _____, to compete in Providence Christian School of Texas approved sports and go with the coach or other representative of the school on any trips. The above named student is my child, and is now under my control and in my custody. I authorize Providence and its representatives to consent to and obtain emergency medical treatment of my child in case of any illness or injury in connection with a school activity or school trip, such treatment to be administered by such physicians, other medical personnel, hospitals, and/or clinics as may be selected by Providence or its representative. I hereby assume responsibility for such professional services. It is understood that Providence assumes no responsibility in case an accident occurs. The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the School to the student athlete. The parents/guardians release Providence from responsibility if an accident occurs.

Student's Name: _____ Male _____ Female _____

Class: _____ Date of Birth: _____ Parent/Guardian: _____

(Father) _____ (Mother) _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Student Address: _____ City: _____ State: _____ Zip: _____

Personal Doctor: _____ Phone Number: _____

Hospital Preference: _____

Drug Allergies: _____ Date of last tetanus shot: _____

_____ Does your child have asthma? _____ Does your child have

seasonal allergies? _____

Does your child carry a rescue inhaler (such as Albuterol or Maxair)? _____

Medications taken daily (including inhalers): _____

Whom do we notify in case you cannot be reached? _____ Home

Phone: _____ Work Phone: _____ Cell Phone: _____ Relationship: _____

Insurance Co. Name _____ Pre-authorization phone #: _____

Insurance company Address: _____

City: _____ State: _____ Zip: _____

Name of insured Policy Holder: _____

Policy Holder's Employer: _____

Employer's Complete Address: _____

Policy Holder's SSN: _____ Group #: _____ Policy #: _____ ID/Other #: _____

HMO: Yes No PPO: Yes No my son / daughter is covered by the above insurance policy. Yes No

1. Has the student had a medical illness or injury since the last checkup or sports physical? _____ Diabetes? _____

Explain: _____

2. Has the student ever had a seizure? _____ Head Injury _____ Concussion? _____ When? _____

Explain: _____

3. Has the student ever had a broken or fractured bone or dislocation? _____

Explain: _____

4. Has the student ever been knocked out or lost consciousness? _____

Explain: _____

5. Does the student have any problems with any muscles, tendons, bones or joints? _____

Explain: _____

6. List all previous surgeries and hospitalizations with dates: _____

7. Does the student have any heart conditions including murmurs or arrhythmias? _____

Explain _____

8. Has the student ever had chest pain, racing of the heart, or skipped heartbeats during or after exercise? _____

Explain: _____

9. Is the student missing any paired organs? _____ Explain: _____

10. Has a physician ever denied or restricted student's participation in sports? _____

Explain: _____

Parent's Signature _____ Date _____