

Meadowbrook Christian School Athletic Program

Health Record

This document does not take the place of school health information records. Its sole purpose is to provide health and insurance information in the case of an emergency.

Name: _____ Grade: _____

Age: _____ Date of Birth: ____/____/____ Weight: _____ Height _____

Home Address: _____
Street Number City State Zip

Home Phone: _____ Parent / Guardian: _____

Work or Cell Phone Father: _____ Work or Cell Phone Mother: _____

Family Physician: _____

Medical Insurance Company: _____

Type (Circle): Group or Individual Name of Insured: _____

ID Number: _____ Group Number: _____

I (do / do not) wish for my child to be given Advil by the school if he/she feel it necessary.

ALLERGIES/Treatment: _____

Parent or Guardian: _____ Date: _____

Transportation Waiver

In case of emergency, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school officials to take whatever action deemed necessary to protect the life and health of my child. It is also understood that I am responsible for payment of any care my child may receive.

I hereby certify that _____ has permission to travel with the team to all away games and contests where transportation is provided by Meadowbrook Christian School. I agree and do hereby release and discharge any employee, coach, or other person engaged in the activities stated above, from all claims, present and future, known or unknown, in any manner arising out of the above described activities. I further understand and agree that this release shall hold no employee, coach, or other person engaged in the above activities responsible for any and all liability relating to my child for any and all personal injury or illness or any damage or loss of property. I have read, understand, and agree to abide by this signed waiver.

Signature of Parent or Guardian: _____