

Corning Christian Academy  
Medical Release/Permission Form  
Athletics

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_  
Street # City State Zip

Parent/Guardian \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Additional Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Currently taking medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list medications being taken \_\_\_\_\_  
\_\_\_\_\_

Allergies? \_\_\_\_\_ Yes \_\_\_\_\_ no

If yes, list all allergies \_\_\_\_\_  
\_\_\_\_\_

Additional information to be aware of concerning my child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(CONTINUE ON BACK)

I/We give permission to our child \_\_\_\_\_ to participate in \_\_\_\_\_. In the event that my child becomes ill or seriously injured while under school supervision, I/we approve the school authorities to take the following steps:

- A. Contact the parent/guardian and follow his/her instructions.
- B. In the event that contact cannot be made with a parent, contact the student's physician and follow his/her instructions.

Physician's name \_\_\_\_\_  
Phone# \_\_\_\_\_

- C. If the student's parent and physician cannot be reached, the school authorities will use their own discretion in contacting a licensed physician and follow his/her instructions.

I/We will be responsible for any medical expense incurred by my/our child and will provide necessary insurance information in relation to payment of that expense.

Insurance Company \_\_\_\_\_  
ID Group # \_\_\_\_\_

I/We agree to relieve the CCA school board, hosting schools and any of their employees from any liability in connection with these activities and instructions.

By the signature(s) below, I/we signify agreement with all of the above and certify that all information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date