

Student Medical Authorization Form

Player Name: _____ Birthdate ___/___/___ Age: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Known Allergies: _____

Current Medications: _____

Primary Care Physician: _____ Phone: _____

By signing below, I/we hereby understand and accept that in sports, injuries are a part of the inherent risk of playing. I/we I hereby release and hold harmless Carlisle Christian Academy, staff, volunteers, designated coaches, and program officials from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to my child that may occur. In the event of a minor injury, (cut, bruise, etc.) I/we, the undersigned parents or guardians authorize a trained representative of CCA to administer First Aid. In the event of an emergency, if a parent or emergency contact cannot be reached, I/we, the undersigned parents or guardians authorize a representative of CCA to consent to any required X-rays, anesthetic, medical, or surgical treatment and hospital care deemed advisable by any licensed physician or surgeon, whether in his/her office or a licensed hospital. This authorization is given in advance of any required care to empower a representative or official of the school to give consent for such treatment as the physician may deem necessary. Carlisle Christian Academy is also authorized to administer medications provided by the parent according to the recommended dosage (OTC) or instructed dosage (prescription). I/we have also reviewed the policies in the Student Handbook related to Health Services including section 7.3 titled "Nut/Peanut Allergens." (Please read section 5.2 of the Student Handbook before bringing in your child's prescriptions. The handbook is available online.)

_____ Date

*Primary / Guardian signature

_____ Date

Second / Guardian Signature (Optional)