

ATHLETIC PERMISSION FORM

I hereby grant permission for my child to participate in the **FALL, WINTER, SPRING (circle one)** athletic season. I hereby wave, release, indemnify, absolve, and hold harmless Berks Christian School of Birdsboro, its administration, coaches, teachers, supervisors, physical education directors, managers, persons transporting my child to and from activities, and other participants from any claim arising out of an injury or sickness to my child.

I authorize the personnel of Berks Christian School to administer first aid to my child in the event of their involvement in an accident or sickness.

Furthermore, I authorize the personnel at Berks Christian School to use the services of the physician of their choice to examine, recommend, or administer treatment to my child at times of accident or sickness.

Student's Signature _____
Parents Signature _____
Student Name _____ Date of Birth _____
Place of Birth _____
Home Address _____
City _____ State _____ Zip Code _____
Parent Phone Numbers
Home _____ Business _____ Cell _____
Emergency Contact _____ Phone # _____

Please circle Yes or No (give details when necessary)

Allergic to any medicine..... Yes No
Diabetic Yes No
Convulsive Disorder Yes No
Asthma Yes No
Allergies (be specific and list) Yes No

Any other medical problems we need to know about? Please list:

Medications your child will have to take as prescribed by a doctor (List medication and dosage):

Name of Insurance Company

Employee Name _____ S.S. Number _____
Group Number _____ Policy Number _____