



Hickory Grove Christian School
Athletic Department



Emergency Medical Treatment Authorization Form

Student's Name _____ Date of Birth _____
Social Security Number _____ Sex _____ Grade _____
Home Address _____
Home Phone _____ Cell Phone _____ Work Phone _____

Please list parent/guardian names in the order in which you would like to be called in an emergency.

Parent/Guardian's Name _____ Relationship _____
Phone: Home _____ Business _____ Other _____
Parent/Guardian's Name _____ Relationship _____
Phone: Home _____ Business _____ Other _____

In case of divorce/separation, does child live with: mother? _____ father? _____ both? _____

If for any reason, I/we cannot be reached, please contact the following person(s) whom I/we hereby authorize to seek emergency medical or surgical care for my/our child.

Name: _____ Phone: Day _____ Evening _____
Name: _____ Phone: Day _____ Evening _____

Child's Physician _____ Physician's Phone _____

Food/allergies/sensitivities _____
Medication allergies/sensitivities _____
Existing medical problems _____
Medications child is taking _____
Additional comments _____

Insurance Coverage: Company _____ Policy Number _____
Subscriber _____ Employer _____
Subscriber's relationship to child _____

In the event that HGCS is unable to reach any of the individuals named above promptly by phone, I/we authorize a HGCS representative to seek and secure any emergency medical or surgical care for my/our child. I/We agree to be personally responsible for the payment of such medical expenses incurred. I/We authorize any charges to be billed to my/our insurance company. I/We further authorize the facility at which surgical or medical care is rendered to release all necessary information to my/our insurance company for purposes of reimbursement.

Parent/Guardian's Signature _____ Date _____

AUTHORIZATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS

As parent(s) or legal guardian(s) of _____ I/We hereby authorize and consent to our child's participation in interscholastic sports. I/We understand that there are risks and hazards associated with travel to and from the sites of such sports. Furthermore, I/We understand that the sports in which my/our child will be participating are potentially dangerous, and that physical injuries may occur to my/our child requiring emergency medical care and treatment.

I/We hereby agree to release and hold harmless Hickory Grove Christian School, its officers, trustees, agents, and employees, and agree to indemnify each of them, from any and all claims, costs, suits, actions, judgments, and expenses, upon any damage, loss, death, or injury to my/our child or damage to my/our child's property, arising from my/our child's participation in, including travel to and from the sites of interscholastic sports.

Parent/Guardian's Signature _____ Date _____

