Sierra Canyon School Medical Card 2017-2018

Name of Student: M F Grade (Last) (First) (Gender)

Address City Zip

Students birth date: Medical insurance company:

Medical record number (found on insurance card):

Parent(s) or Legal Guardian(s) Permission/Consent

I request that the above named student be allowed to participate and engage in athletic activities as a representative of Sierra Canyon School, and hereby give my consent for the same. I also request that, and give my permission for, the above named student to accompany the team as a member to its non-home games, practices, and other sport related events. I give my permission for a physician to treat my son/daughter whenever necessary until other arrangements can be made and for the coach(s) or athletic trainer(s) to render first aid if he/she is qualified to do so. In case of injury, the Parent or Guardian will be notified and they are to refer the student to their own physician. IN CASE OF AN EMERGENCY, the Student will be taken to a facility that can treat him/her immediately.

Your signature in this situation is imperative and authorizes this treatment. It is also understood that as a parent/legal guardian, you accept full financial responsibility regarding medical treatment. In case of emergency and I cannot be reached, I request and authorize Sierra Canyon School to contact the following person:

EMERGENCY CONTACT: PHONE: \_

I CONSENT TO HAVE EMERGENCY TREATMENT FOR: \_

Parent/Legal Guardian \_ \_ \_

Signed: \_ \_ Date:

Home Phone: \_ Work Phone: \_

Sierra Canyon School Physical Examination for Athletes

Valid for only the specified school year (as stated at top of page). Subject to re-examination should there be evidence of physical deterioration or impairment during the school year.

Student’s Name: Age: Height: Weight: M F

Any Medications: For What Condition:

Allergies to medications:

Medical history (Diabetes, Anemia, Asthma, Other Conditions)

(Specify)

Chest – Heart – Murmurs – Rhythm

Comments:

Physician: I certify that I have on this date examined and found this student physically fit and able to participate in Inter-Scholastic

Athletics.

Printed name of Physician

Physician Signature: Date: Phone: