EMERGENCY MEDICAL INFORMATION

Student's Name_____ Grade_____
(Last) (First) (Middle)
Parent'sName_____ Student's Birth date_____
Father's Work Phone_____ Mother's Work Phone_____ Home/Cell Phone_____
Next of Kin_____Phone _____
Neighbor/relative_____ Phone _____

In the event of an emergency, the parent/guardian prefers that King's Schools contact the following, if possible:
Preferred emergency hospital service_____Phone _____
Family physician/pediatrician_____Phone _____
Sports medicine physician_____Phone _____
In case an emergency were to occur outside the Seattle area please list the hospital/physicians the parent/guardian prefers that King's Schools contact, if possible:
Hospital/physician_____Phone_____

Please list any special instructions we are to follow or information we should know. Please attach instructions if more room is needed. If there is an emergency it is important that we are able to reach the parents of the student athlete if possible. If you are going out of town please let us know and give us any special instructions. _____
_____

STUDENT ATHLETE HEALTH INFORMATION

MEDICAL HISTORY (filled out by parent/guardian)
Please answer the following according to how student's athletic participation may be affected:

Major illnesses_____
Surgeries (other than tonsillectomy)_____
Medications now taking regularly_____
(Note: if student begins medication after this form has been completed, please let us know.)
Allergies_____
Previous head/neck injury_____
Previous injury requiring treatment by a physician_____
Previous major organ problem (heart, kidneys, etc.)_____
Wears medical equipment (braces, dental plate, eye glasses, contact lenses, etc.) or protective devises (arm/leg braces, padding, bandaging, splints, etc._____
Any other special information we should know is case of an emergency?_____
_____

CONSENT FOR MEDICAL TREATMENT

In the event of any medical emergency involving the student, the undersigned, as his/her parent/guardian, hereby grants authority and consent to the staff of King's Schools or CRISTA Ministries supervising the above activity to administer or arrange for reasonable medical care for my child in the event that I cannot be contacted in time by reasonable means. For the medical emergency I further consent and grant authority to a physician, nurse or other appropriate health care provider to render whatever emergency care they deem necessary.

I hereby release King's Schools and CRISTA Ministries, their employees, directors and agents from any liability, and agree to hold them harmless for any expense (medical, ambulance, etc.) arising out of their reasonable efforts to provide such emergency medical care for my child.

I further agree to take sole financial responsibility for any medical services rendered to my child which are not provided for through school insurance and hereby grant to the King's Schools or CRISTA Ministries employee supervising the above activity a special power of attorney to arrange for such reasonable medical services.

Parent/Guardian signature_____
Student Signature_____
Printed name of parent/guardian_____ Date_____
Relationship to Student_____