

SHILOH CHRISTIAN SCHOOL

2019 - 2020 SCHOOL YEAR PERMISSION & RELEASE FORM

ATHLETE: _____ DOB: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ PHONE: _____

FAMILY DOCTOR: _____ PHONE: _____

PLEASE INITIAL

____ I CONSENT TO THE ABOVE STUDENT TO REPRESENT SHILOH CHRISTIAN SCHOOL IN INTERSCHOLASTIC ACTIVITIES, REALIZING SUCH ACTIVITIES INVOLVE POTENTIAL FOR INJURY, WHICH IS INHERENT IN ALL SPORTS. IN RARE OCCASIONS, THESE INJURIES CAN RESULT IN TOTAL DISABILITY, PARALYSIS OR EVEN DEATH.

____ I CONSENT AND AUTHORIZE SHILOH CHRISTIAN SCHOOL TO ADMINISTER AND FURTHER OBTAIN MEDICAL CARE AS IS REASONABLY NECESSARY FOR THE WELFARE OF THE STUDENT IF THEY ARE INJURED IN THE COURSE OF SCHOOL ATHLETIC ACTIVITIES OR UNFORESEEN EVENT. I UNDERSTAND EVERY EFFORT WILL BE MADE TO COMMUNICATE WITH THE PARENT/GUARDIAN IN THIS EVENT.

____ I AUTHORIZE THE SCHOOL STAFF AND ATHLETIC TRAINER OF SHILOH CHRISTIAN SCHOOL TO ADMINISTER TYLENOL/ADVIL TO MY CHILD AS NEEDED.

____ I CONSENT TO THE RELEASE OF HEALTH INFORMATION REGARDING INJURY TO THE SCHOOL STAFF, TEAM PHYSICIAN AND ATHLETIC TRAINER.

____ I CONSENT FOR THE ABOVE STUDENT TO RIDE THE VEHICLE PROVIDED BY SHILOH CHRISTIAN SCHOOL TO AND FROM ALL ATHLETIC EVENTS. I UNDERSTAND A PROPERLY CERTIFIED DRIVER WILL DRIVE THIS VEHICLE.

____ I CONSENT FOR THEIR IMAGE TO BE PUBLICIZED ON THE SCHOOL'S MEDIA OUTLETS.

____ I ACKNOWLEDGE I HAVE ACCESS TO AND HAVE REVIEWED THE AAA SPORTS MEDICINE FACT SHEET FOR ATHLETES AND PARENTS. (WWW.SHILOHSAINTS.ORG)

PARENT: _____ DATE: _____

SIGNATURE: _____

ATHLETE: _____ DATE: _____

SIGNATURE: _____