

# Covenant Classical Athletic Release Form

I hereby give consent for \_\_\_\_\_ (student athlete), to compete in Covenant Classical School Fort Worth (CCS) approved sports and go with the coach or other representative of the school on any trips. The above named student is my child and is now under my control and in my custody. I authorize CCS and its representatives to consent to and obtain emergency medical treatment of my child in case of any illness or injury in connection with a school activity or school trip, such treatment to be administered by such physicians, other medical personnel, hospitals, and/or clinics as may be selected by CCS or its representative. I hereby assume responsibility for such professional services. It is understood that CCS assumes no responsibility in case an accident occurs. The undersigned agrees to be responsible for the safe return of all athletic equipment issued to the student athlete by the school. The student athlete has our permission to return home with his/her parent/guardian or other parent-appointed driver from away games, if needed. The student athlete will check out with his/her coach before leaving. The parents/guardians release CCS from responsibility if an accident occurs.

Student name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Male/Female Grade: \_\_\_\_\_  
 Name of Parent or Guardian: \_\_\_\_\_  
 Parent's home phone: \_\_\_\_\_  
 Father's work phone: \_\_\_\_\_ Mother's work phone: \_\_\_\_\_  
 Father's cell phone: \_\_\_\_\_ Mother's cell phone: \_\_\_\_\_  
 Father's email: \_\_\_\_\_ Mother's email: \_\_\_\_\_  
 Insurance company: \_\_\_\_\_  
 Identification number: \_\_\_\_\_ Group number: \_\_\_\_\_  
 Name of insured: \_\_\_\_\_ Relationship to athlete: \_\_\_\_\_  
 Primary doctor: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Hospital Preference: \_\_\_\_\_  
 Drug allergies: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_  
 Does your child have allergies? \_\_\_\_\_ Does your child have seasonal allergies? \_\_\_\_\_  
 Does your child carry a rescue inhaler? (such as Albuterol or Maxair?) \_\_\_\_\_  
 Medications taken daily (including inhalers): \_\_\_\_\_  
 Individuals to notify in case parent cannot be reached: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

1. Has the student had a medical illness or injury since the last checkup or sports physical? \_\_\_\_\_  
 Explain: \_\_\_\_\_
2. Has the student ever had a seizure? \_\_\_\_\_  
 Explain: \_\_\_\_\_
3. Has the student ever had a broken bone or fractured bone or dislocation? \_\_\_\_\_  
 Explain: \_\_\_\_\_
4. Has the student had any problems with any muscles, tendons, bones or joints? \_\_\_\_\_  
 Explain: \_\_\_\_\_
5. List previous surgeries and hospitalizations with dates: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Has the student have any heart conditions, including murmurs or arrhythmias? \_\_\_\_\_
6. Explain: \_\_\_\_\_
7. Other relevant medical information: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date