

HAMPTON PARK CHRISTIAN SCHOOL

Pre-Participation Athletic Form (Part 1)



To be completed by parent or guardian

STUDENT INFORMATION					
Last Name		First		Date of Birth	
Street Address				Phone	
City		State		ZIP	
Student's Physician		Phone			
Student's Dentist		Phone			
Does the student have any of the following:					
Asthma	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Medicine Allergy	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Diabetes	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Contacts or glasses	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Heart condition/High blood pressure	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Dental appliance	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Headaches, severe or frequent	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Hearing loss or hearing aid	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are there any health concerns at this time:					
Date of last tetanus shot:					
Emergency Information – In case of emergency, if a parent cannot be reached, please contact:					
Name				Phone	
STUDENT INSURANCE					
<input type="checkbox"/> My child is not covered by insurance.					
<input type="checkbox"/> My child will be covered under the insurance plan listed below:					
Insurance Company					
Policy number					
Group Number					
CONSENT AND AUTHORIZATION					
I accept complete responsibility for the cost of any medical treatment made necessary by my child's participation in the athletic program of Hampton Park Christian School (HPCS).					
I further agree to hold the school harmless for any injury or illness arising out of my child's participation in the HPCS athletic program.					
I understand that the limited physical exam given at the school is only an indication of a student's fitness to participate in the HPCS athletic program and is not intended to be a substitute for a complete physical by my family physician. (Sports physicals are valid for one year.)					
I understand athletic activities include bus transportation to and from Hampton Park. I give my permission for the sponsors to act in my behalf should my child become ill or injured, requiring emergency treatment.					
Parent Signature				Date	