

Valley Christian School Athletics

EMERGENCY INFORMATION FORM



IMPORTANT: This form must be filed with the school office before a student can participate in athletics in the current school year 2023-2024.

STUDENT'S NAME: _____ **GRADE:** _____

PARENT(S) NAME(S): _____

EMERGENCY PHONE NUMBER: _____

INSURANCE & DISCLAIMER:

We acknowledge and recognize that hazards are present in athletic participation and injury may result. My signature below authorizes Valley Christian School to obtain any emergency medical transportation or care which becomes necessary during athletic activities.

In case of emergency involving my student at an athletic event, contact parents or call the emergency person listed below:

EMERGENCY CONTACT (other than parent): _____

PHONE NUMBER: _____

PRIMARY PHYSICIAN'S NAME: _____

PHYSICIAN'S OFFICE NUMBER: _____

HEALTH INSURANCE COVERAGE (circle one): **YES** / **NO**

IF YES, WHAT TYPE (circle one): **HMO** / **PPO** / **OTHER:** _____

INSURANCE PROVIDER: _____

POLICY NUMBER: _____

PREFERRED HOSPITAL: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

A. AGE ELIGIBILITY (students cannot be 19 years old before August 31st of their senior year)
Will this student be 19 years old before August 31st of his/her senior year? YES NO

B. RESIDENCE
Does this student reside at home with his/her parents? YES NO

C. TRANSFER STATUS
Is this student a transfer to Valley Christian this year? YES NO

D. PHYSICAL EXAMINATION REQUIREMENTS: State law requires students in grades 9-12 participating in school athletics to get a physical every year. If the student has had any serious accident, illness, or injury since the last physical examination, a physical clearance is necessary.
Has this student received a physical examination this year? YES NO

E. SERIOUS INJURIES
Has this student had serious injuries or medical problems requiring medical attention within the last year? YES NO

F. SERIOUS HEALTH CONCERNS
Does the student have any ongoing significant disease or chronic illness such as: epilepsy, diabetes, asthma, chronic heart disease, or severe allergies? YES NO

If you answered YES to E or F, please explain below:

OFFICE USE ONLY: All boxes must be checked before athlete is eligible to participate.

- Physical on file
- Emergency Information Form
- Copy to coach for emergency file
- Participation Agreement Form
- Name to AD for roster
- Name to Business Office for sports fee
- If transfer student – cleared/filed with MHSA

Cleared by: _____ Date: _____