

**Valley Christian School  
Athletics  
EMERGENCY INFORMATION FORM**

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**IMPORTANT:** This form must be filed with the school office before a student can participate in athletics.

**STUDENT'S NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**PARENT(S) NAME:** \_\_\_\_\_

**EMERGENCY PHONE #** \_\_\_\_\_

**INSURANCE & DISCLAIMER**

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

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

**EMERGENCY PERSON** (other than parent): \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**PRIMARY PHYSICIAN: OFFICE PHONE:**

**HEALTH INSURANCE COVERAGE:** YES / NO

**IF YES, WHAT TYPE:** HMO / PPO / OTHER

**INSURANCE PROVIDER: POLICY #:**

**PREFERRED HOSPITAL:**

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**A. AGE ELIGIBILITY** (students cannot be 19 years old before August 31<sup>st</sup> of senior year)

Will this student be 19 years old before August 31<sup>st</sup> 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 REQUIREMENT:** 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 physician's clearance is necessary.

**E. Has student had serious injuries or medical problems requiring medical attention within the last year?**

**YES** \_\_\_ **NO** \_\_\_

**F. Does student have any ongoing significant disease or chronic illness such as epilepsy, diabetes, asthma, chronic heart disease, or severe allergies?**

**YES** \_\_\_ **NO** \_\_\_

**If YES to either E or F, please explain:**

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**FOR OFFICE USE ONLY** – All boxes must be checked before athlete is eligible to participate

Physical on file

Emergency information form

Participation agreement form

Name to AD for roster

Name to Business office for sports

fee Copy to coach for emergency file

If transfer student – cleared/filed with MHSA

Cleared by: \_\_\_\_\_