

Lititz Christian School

PARENTAL CONSENT, CERTIFICATION & MEDICAL AUTHORIZATION

Parents and legal guardians of minor children are asked to complete this form and return it to the school. The information requested is designed to assist the school in providing for safety of minors during school-related activities.

General Information (please print)

Student's full name _____ Birth Date _____ Home Phone _____

Student's home address _____

Father's preferred contact # _____ Mother's preferred contact # _____

Father's name _____ Mother's name _____

Insured Parent's Social Security # _____

Address (if different address than above) _____

Insured Parent's Employer _____

Hospitalization Insurance Company _____

Hospitalization Policy # _____

Address of Insurance Company _____

Person to be contacted if neither parent can be reached _____

Phone # of above person _____

Physician preferred _____ Hospital preferred _____

Medical History

Is your child presently being treated for an injury, illness or have any physical handicap which would prevent him/her participate in normal rigorous activity? Yes ___ No ___ (If yes, please explain below)*

Is your child currently taking any medication? Yes ___ No ___ List Medications: _____

Is your child allergic to any type of medication? Yes ___ No ___ If yes, please list: _____

Does your child have any allergies other than to medicines? Yes ___ No ___ If yes, please list: _____

Does your child have (or ever had) any of the following: (Circle & explain below)*

- Seizure disorders Asthma Heart Murmur Concussion Glasses/contacts
Diabetes Hay Fever Kidney Disease Eye Injuries Braces
Rheumatic Fever High Blood Pressure Hemophiliac

Has your child had any injuries requiring medical attention in the past 2 years Yes ___ No ___ (If yes, please explain below)*

Any surgical operations or hospitalizations in the past 2 years Yes ___ No ___ (If yes, please explain below)*

Does your child have full use of both eyes Yes ___ No ___ (If no, please explain below)*

Does your child have only one kidney Yes/No (If yes, please explain)*

Past or present physical problems or conditions: (Knees, back, etc.) _____

Height: _____ Weight: _____ Date of last tetanus toxoid booster _____

*Explanations Here: _____

Medical Treatment Authorization Consent & Certification

I, the undersigned, being the parent or legal guardian of the student named above, do hereby consent to the participation of my child in all of the regularly scheduled camp or clinic activities of the Lititz Christian School of Lititz, Pennsylvania. Further, I certify that my child is physically fit (except as noted above) and adequately trained to participate in such events.

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that the school will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

I agree to notify the school in the event of any health changes which would restrict my child's participation in any normal activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

I hereby give consent for my son/daughter to engage in sports activities as a representative of Lititz Christian School for the interscholastic sport(s) checked on this form. I will assume all responsibility for the treatment of injuries not covered by school insurance, and the replacement of lost equipment that has been assigned to him/her during participation in this program

Signature of Parent/Guardian

Date