

Cortland Christian Academy
ATHLETIC EMERGENCY MEDICAL FORM

Student's Name _____ Date of Birth _____

Address _____ Phone _____

Parents/Guardians _____

Father's Work Phone _____ Mother's Work Phone _____

Health/Accident Insurance Provider _____

Policy # _____

In the event of an emergency when the parents cannot be reached, contact:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Physician's Certification

This is to certify that in my estimation _____
is fit and able to participate without restriction (except as noted below) in interscholastic
sports (soccer and basketball) at Cortland Christian Academy

Doctor's Name _____ Dr. Signature _____

Restrictions: Allergies (Food,Medicine):

Special Conditions: Medications taken regularly:

Parent's Authorization to Approve Emergency Treatment

In the event of an emergency in which my child is injured to the point where professional medical care is required and I am unable to be reached, I do hereby authorize a duly appointed representative of Cortland Christian Academy to approve treatment to stabilize their condition or ease their discomfort until such time as I can be contacted. I absolve both the school and its representative of all liability and understand that I am responsible for any uncovered expenses incurred.

Parent's Signature _____

Date _____