

Permission to Treat:

This is to certify that any licensed physician/nurse, trainers, and coaches have my permission to examine and, if necessary, administer treatment related to any injury and/or illness incurred by:

_____ while he/she is voluntarily participating in any
(Print Student's Name)

activity sponsored by South Pointe Christian School, a ministry of South Pointe Fellowship.

Personal Information: (Please complete the following in full)

Allergies: _____

Medications: _____

In case of emergency, please contact _____ Phone: _____

Release: By signing this release I understand that I am authorizing treatment that may be necessary for the aforementioned individual. The undersigned is voluntarily participating in this event and therefore released to SPCS and South Pointe Fellowship, and any representatives thereof, of all responsibility. The undersigned assumes all risks and financial obligations that may result from voluntary participation in any school event.

I understand that it is my responsibility as the student's parent(s)/guardian(s) to provide insurance in the event of an injury while participating in practice/play of an organized sport of the school. The school will not assume any financial responsibility for injuries received while participating on an athletic team. **Please attach a copy of your insurance card to this sheet.**

Participant Signature: _____ Date: _____

Witness Parent / Legal Guardian: _____ Date _____