



ATHLETE'S MEDICAL HISTORY & ATHLETIC WAIVER FORM

Athlete's Name _____ Athlete's Birth Date _____

Parent's Names _____ Date _____

Address _____

Home Phone _____ Work Phone _____ Other _____

Who to contact in Emergency (if parents cannot be immediately contacted)

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Hospital Preference _____ Emergency Phone _____

Doctor Preference _____ Office Phone _____

MEDICAL HISTORY

Has your child or did your child have any of the following? Please explain, on the back of this sheet, any yes responses that have present implications for my coaching your child. Describe proper first aid requirements, if appropriate.

Table with 2 columns (A and B) and 22 rows of medical conditions. Each row includes a condition name and response options: Circle One, One, No, Past, Present, Or Both.



Oshkosh Christian School | Valley Christian High School

Academic Excellence in a Christ-Centered Environment

3450 Vinland Street | Oshkosh WI 54901 | 920-231-9704 | www.OshkoshChristian.com

Date of last tetanus booster _____

Is your child currently taking any medication? Yes No (circle one)

If yes, describe medication, amount, and reason for taking. _____

Does your child have any adverse reactions to medications? Yes No (circle one)

If yes, which medications and what are the reactions? _____

Has a physician placed any restrictions on your child's present activity? Yes No (circle one)

If yes, explain. _____

Athlete's Signature and Date _____

Parent or Guardian Signature and Date _____

Parent or Guardian Signature and Date _____

Oshkosh Christian/Valley Christian Athletic Waiver Form

I hereby give my permission for the above named student to participate in school sponsored athletic events. I realize athletic participation will put my child into bodily risk situations and I am willing to have my child participate knowing these possibilities exist. I also hereby authorize the treatment, administration of anaesthesia and surgical treatment for my minor child in the event of a medical situation occurring during my absence or when the hospital or physician is unable to contact me. I also release from all medical responsibility and liability any attending medical personnel, Wisconsin Independent Christian Schools or anyone acting as an agent of Wisconsin Independent Christian Schools in emergency situations.

Parent or Guardian Signature _____

Date _____ Home Phone _____ Alternate Phone _____