

Bethlehem Christian School

5300 Green Pond Rd. Easton PA 18045
www.bethlehemchristianschool.org
"Growing in Christ"

Athletic Medical Information Form

This form needs to be completed and given to the coach(es) before you may participate in the athletic program. Please see to it that all information is accurate and complete. Without THIS completed form, your child will be ineligible to participate.

I give permission for my son/daughter, _____, to participate in BCS' 2012-2013 athletic season(s). I will not hold BCS or any of its associates responsible in case of an accident on or off the field/court. I also give permission for my child listed above to be driven to and from all sporting venues and to be taken to a hospital in case of an emergency when deemed necessary by any of the BCS coaching staff. In case of an emergency, please notify the following people (in order):

NAME	RELATIONSHIP	PHONE NUMBER (H,W,M)

INSURANCE COMPANY AND POLICY NUMBER	ATHLETE'S BIRTH DATE

Please list any existing known medical conditions, their causes, and medications used for treatment:

Medical Condition	Causes	Medication/Dose/When Taken

Medication Guidelines

- All medication must be transported in its original container and clearly labeled with your athlete's first and last name.
- Remind your athlete to take all needed medications to all practices and games.
- Encourage your athlete NOT to share medication. Athletes will not be allowed to share medications at any time (i.e. inhaler).

I testify that I have read the medication guidelines and that all information listed above is current and complete to the best of my knowledge.

(Parent's signature)

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