



# Providence Christian Academy

6872 Watson Court, Warrenton, VA 20187  
Phone: 540-349-4989 or 571-332-4710 Email: info@pcalions.org

## Athletic Medical Release Form (Middle School Only)

Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Home Telephone # \_\_\_\_\_

### **MEDICAL HISTORY** (Please Give Dates of the Following):

Any serious accidents/injuries \_\_\_\_\_  
Present Medication \_\_\_\_\_ Reason \_\_\_\_\_  
Surgical Operations \_\_\_\_\_ Convulsive Seizures \_\_\_\_\_  
Allergies \_\_\_\_\_ Hernia \_\_\_\_\_  
Eye (Vision) \_\_\_\_\_ Diabetes \_\_\_\_\_  
Ears, Nose Throat \_\_\_\_\_ Hypertension \_\_\_\_\_  
Cardiac (Heart Defects) \_\_\_\_\_ Chest Diseases \_\_\_\_\_  
Serious Medical Diseases \_\_\_\_\_ Orthopedic \_\_\_\_\_

### **PARENT/GUARDIAN FORM**

The answers to the above are correct. I understand that any misrepresentation of any of the information contained herein will result in the student being denied the opportunity to participate. I hereby give my consent to my child (name) \_\_\_\_\_ in athletics conducted by the school against other school and within the school. Parents and guardians should be aware that such activities involve the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observation of rules, injuries are possible. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death. I/We acknowledge that I/We have read and understand this warning. I shall assume all responsibility and expense for any injury received in practice or competition. I give my permission for my son/daughter to be treated by Fireside Christian School coaches and staff should such services be necessary.

\_\_\_\_\_  
(DATE) (PARENT/GUARDIAN SIGNATURE)

### **PHYSICIAN'S FORM (Middle School Only)**

I certify that I have on this date examined this student and find him/her physically able to compete in the supervised activities  
**NOT CROSSED OUT**

Soccer	Basketball	Baseball	Swimming
Volleyball	Cross Country	Tennis	Field Hockey
Track & Field	Golf	Lacrosse	Softball
Cheerleading			

Do you know of any reason this individual should not participate in all sports? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Reason \_\_\_\_\_

\_\_\_\_\_  
(DATE) (PHYSICIAN'S SIGNATURE)

This form is to be returned to the Athletic Department and to be kept in the athlete's file. The athlete will not be allowed to participate in any athletic activities until this form has been returned.