



School Year \_\_\_\_\_

I hereby give my consent to any hospital and/or licensed doctor to administer the necessary emergency treatment to any child in the event such treatment is imperative and I cannot be contacted.

Student Legal Name	Social Security #	Date of Birth	Grade	Sex
				M <input type="checkbox"/> F <input type="checkbox"/>

Address \_\_\_\_\_  
City State Zip Home Phone #

	Legal Guardian	Home Phone #	Work Phone #	Cell/Beeper #
Mother's Name	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Father's Name	Yes <input type="checkbox"/> No <input type="checkbox"/>			

Step parent's Name (if applicable) \_\_\_\_\_

Name of Person, Address and Relation <small>who will assume responsibility if parent cannot be reached</small>	Home Phone #	Work Phone #	Cell/Beeper #

Name of brothers and sisters who attend KCS: \_\_\_\_\_

Physician's Name	Phone #	Dentist's Name	Phone #

Hospital Preference \_\_\_\_\_ Phone # \_\_\_\_\_  
Name of Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

In case of an accident or serious illness, the school will contact the parent/guardian. If the school is unable to contact the parent/guardian or person designated above, the school will contact the physician or will make necessary arrangements for immediate treatment. Payment of the fees will be assumed by the parent/guardian.

List Allergies	Date Diagnosed	Medication	Symptoms

If your physician has ordered an EPIPEN, where is it kept while at:  
School \_\_\_\_\_, Sports \_\_\_\_\_, Band \_\_\_\_\_, Field Trips \_\_\_\_\_.

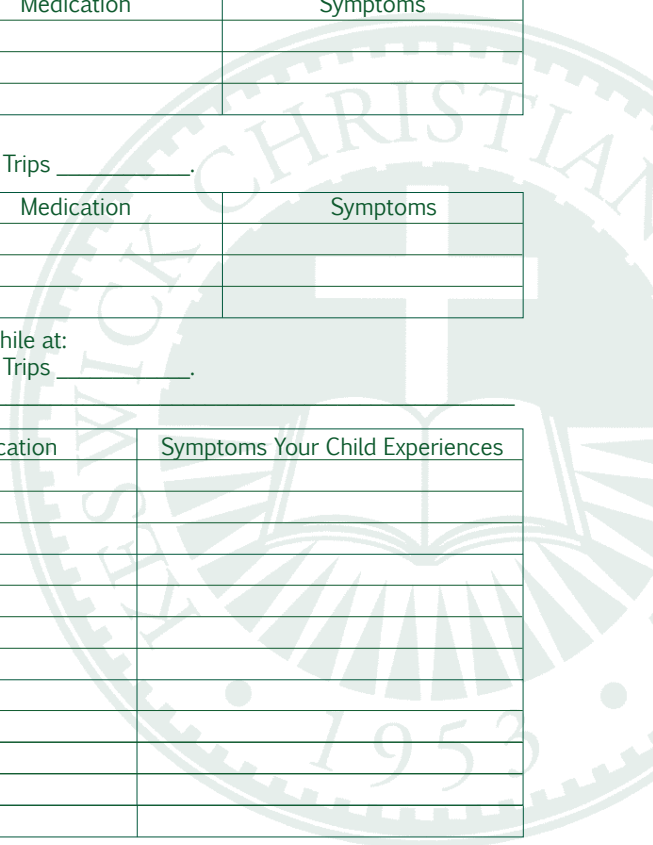
Asthma	Date Diagnosed	Medication	Symptoms

If your child uses an inhaler for asthma, where is the inhaler kept while at:  
School \_\_\_\_\_, Sports \_\_\_\_\_, Band \_\_\_\_\_, Field Trips \_\_\_\_\_.  
Is asthma worsened with exercise? Yes  No  Explain \_\_\_\_\_

Illness	Date Diagnosed	Medication	Symptoms Your Child Experiences
Bowel Disorders			
Cancer			
Convulsions/Seizures			
Diabetes Mellitus			
Hearing Problems			
Hyperactivity			
Kidney Disorders			
Lung Disorders			
Migraines			
Orthopedic Disorders			
Dental Problems			
Other			

Wears glasses? Yes  No  Wears contacts? Yes  No   
Does the student use any monitoring devices or medical equipment while at school?  
If so, explain: \_\_\_\_\_  
Does your child have a chronic health problem? If so, describe problem: \_\_\_\_\_

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Has your child ever had surgery? Type: \_\_\_\_\_ Date: \_\_\_\_\_  
State any disabilities or restrictions: \_\_\_\_\_  
Has a physician treated your child in the last 12 months for an illness or injury?  
If so, explain: \_\_\_\_\_  
Date of last DPT or Tetanus: \_\_\_\_\_  
Does student take any prescribed medications or over-the-counter medications?  
If so, explain: \_\_\_\_\_

**INTERSCHOLASTIC PARTICIPATION AGREEMENT**

This application to participate in interscholastic athletics/cheerleading/fine arts at Keswick Christian School is entirely voluntary on our part. It is also agreed that we will abide by all the rules as established by the School Board of Keswick Christian School and the State Association.

The School Board and Administration of Keswick Christian School desire that athletes/cheerleaders/fine arts students and parents or guardians of athletes/cheerleaders/fine arts students have a thorough understanding of the implications involved in a student's participation in a voluntary extracurricular activity. For this reason, it is required that each student athlete/cheerleader/fine arts student in the Keswick Christian School, his/her parents or guardian, read, understand, and sign this agreement prior to the athlete/cheerleader/fine arts student being allowed to participate in any form of athletic practice or contests.

1. I/We the undersigned, as parent, parents, or guardian, give my/our consent for the student identified herein to engage in athletics/cheerleading/fine arts as a representative of his/her school.
2. I/we will not hold Keswick Christian School, anyone acting in its behalf, or the Florida High School Activities Association responsible or liable for any injury occurring to the named student in the course of such athletic or fine arts activities including but not limited to practices, travel, and contests, including but not limited to football, soccer, volleyball, cross country, basketball, baseball, softball, track, golf, cheerleading, swimming and/or fine arts activities.
3. I/We understand that no portion of the insurance premium or policies of injuries received while participating in school athletics/cheerleading/fine arts shall be processed by the player, his/her parent, parents, or guardian through the school officials.
4. All insurance forms and claims under insurance policy or policies for injuries received while participating in school athletics/cheerleading/fine arts shall be processed by the player, his/her parent, parents, or guardian through the school officials.
5. I/We hereby accept financial responsibility for any equipment lost or damaged by the student identified herein.
6. I/We authorize any hospital or doctor to administer necessary medical treatment to my child in the event of an emergency at which time I cannot be reached and a decision is imperative. I/We also agree that the expenses for transportation to obtain medical treatment, and the treatment, shall not be borne by the School Board and/or the employees of Keswick Christian School.
7. I/We accept full responsibility and hereby grant permission for my son;/daughter to travel on any school related trip by bus or private automobile. This statement remains in effect until the end of this school year unless cancelled by me in writing to the school.
8. I/We know the student identified herein is in good health and physically able to complete in interscholastic athletes/cheerleading/fine arts and has had no past illness or injuries that would prevent him/her from participating in said activities.
9. I, the undersigned parent or guardian, hereby agree to provide insurance coverage for the student as indicated.

Insurance policy \_\_\_\_\_ with \_\_\_\_\_ Insurance Company.  
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF FLORIDA, COUNTY OF PINELLAS

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
(Print name of signer)

WITNESS my hand and official seal, \_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
(Name of Notary Public: Print, Stamp, or type as Commissioned)

Personally know to me, or  Produced identification: \_\_\_\_\_  
(Type of Identification Produced)

Did not take an oath  Did take an oath

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