

Emergency Medical Insurance Consent Waiver Form

Christ Preparatory Academy • 15700 West 87th Street Parkway, Suite 200, Lenexa KS 66219 • (o) 913.831.1345

Student/Child's Last Name:	First Name & Middle Initial:	Male/Female:	Grade:	DOB:
Home Address:		Home Phone: Email Address:		
Father/Guardian:	Work Ph.:	Mobile Ph.:		
Mother/Guardian:	Work Ph.:	Mobile Ph.:		
Family Doctor:	Office Phone:			
Name of Other Emergency Contact:	Home Ph.:	Mobile Ph.:		
Name of Other Emergency Contact:	Home Ph.:	Mobile Ph.:		
Medicine/Allergies:				
Other factors:				
Insurance: Name of Insurance Company _____ Policy # _____ Phone: _____				
We/I, the undersigned, verify that the above-indicated insurance policy is currently in effect, provides medical and health insurance coverage for the above-named student, and will remain in full force and effect at all times the above-named student participates in any extracurricular activity offered by Christ Preparatory Academy during the current school year. By signing this document, I agree to accept full responsibility for all medical care and treatment, including all expenses incurred for such medical care and treatment, provided to the above-named student as a result of participating in school extracurricular activities. YOUR ATTENTION IS DIRECTED TO THE FACT THAT MANY INSURANCE POLICIES EXCLUDE CERTAIN ACTIVITIES SUCH AS TACKLE FOOTBALL AND GYMNASTICS. PLEASE CHECK YOUR POLICY CAREFULLY OR CONSULT YOUR INSURANCE CARRIER.				
Agreement to Obey Instructions and Acknowledgment of Risk: We/I recognize the importance of following the instructions of coaches and sponsors regarding playing techniques, training and other rules while participating in extracurricular activities. We/I also understand that participation in extracurricular activities may involve risk of injury and that some contact sports involve greater risk of injury than other sports. Transportation of students shall be in compliance with board policy and administrative guidelines.				
Medical Authorization: We, I the undersigned parent or legal guardian of the above named student, do hereby grant to any hospital, emergency center, doctor, nurse, and/or paramedic, authority to provide emergency medical treatment to my child. Further, should the attending physician determine, after examination, that life-saving surgery or other life-saving procedures are necessary, I do hereby grant permission to administer necessary lifesaving surgery or other life-saving procedures.				
The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above Student/Child, hereby consents to the participation by the Student/Child in _____ (describe activity) conducted by Christ Preparatory (Name of "Organizer") and to the participation of the Student/Child in all events relating to the activity on _____ through _____ (dates). This Consent Form may be revoked at any time before the expiration date with written notice to Organizer.				
Signed on _____ (date), at _____ (city), _____ (state). (Parent/Guardian's names) _____ being first duly sworn and know to be the person whose name is subscribed before me, states that s/he has read the above and foregoing Parental Permission and Medical Consent, and freely consents to the authority it confers upon a representative of Christ Preparatory Academy or a member of it's coaching staff.				
Signature of Parent/Legal Guardian: _____ Date: _____				
Subscribed and Sworn to before me this _____ day of _____, 20____				
Signature Notary Public: _____				
My Appointment expires: _____				