2024/25 NKCS Medical Release/Permission Waiver Form

This form is only good for ONE YEAR, therefore, EVERY ONE MUST turn in a new form each year. We, as the coaches will keep this form on us in case there is an emergency or need of contact. PLEASE FILL OUT THIS ENTIRE FORM

STUDENT FULL NAME		
BIRTHDATE/ AGE	GRADE IN 24/25	SchoolAttends
ADDRESS, CITY, ZIP CODE		
MOTHER'S NAME	CELL	#
FATHER'S NAME	CELL#	
Email Address:		
MEDICAL INSURANCE AND ID N	NUMBER	
(Attach medical card if possible)		
ALLERGIES OR MEDICINES ST	UDENT IS ALLERGIC	го
		MEDICINES:
(List more on the back of this sheet)		
TD A NCDODTATION.		
TRANSPORTATION:	ANIMOTIC II 1 '	
	, ,	mission for the above-named student to ride
to ANY Sport event on the school van/b		
Date/ Parent's Signature		
PERMISSION TO RIDE WITH ANO	THER PARENT: I hereby	give my permission for the above-named
student to ride with another parent to or	•	• • •
1		
3		
Date// Parent's Signature		
PARENT'S STATEMENT: I hereby	give my consent for the	above-named student to attend New
Kent Christian School sports events	. I authorize the student	to go with, and be supervised by, a
representative of the NKCS on any t	trips or events. In case th	is student becomes ill or is injured, I
authorize NKCS personnel to have t	the student treated and I	authorize the medical agency to render
treatment. I understand that school	personnel will endeavor	to reach me should the nature of the
injury or illness warrant it. Howeve	r, I will not hold NKCS p	personnel responsible if efforts to
contact me are unsuccessful.	-	_
Data / / Parant Signatura		