Medical and Permission Form 2026-2027

*Please attach a copy of Insurance card: If there is no insurance please know than any treatment would be the responsibility of the parent/guardian of the child. It would be considered "Self Pay"

Emergency Medical Authorization for Stripes Athletes

Name of Athlete:_____ Grade:_____ Gender:_____
Home Address:_____
City:_____ State:_____ Zip Code:_____
Email Address:_____
Date of Birth:_____ Home Phone:_____ Cell Phone:_____
Health Insurance Co:_____ Policy Number:_____
Insurance Co. Address:_____ City:_____ State:_____ Zip:_____
Physician's Name:_____ Physician's Phone Number:_____
Dentist's Name:_____ Dentist's Phone Number: _____

Does the Athlete have any chronic or ongoing medical conditions of which we should be aware? (Allergies, diabetes, contact lenses, heart conditions, etc.) Please list all medications with dosage, and /or drug allergies:_____
_____
_____

Date of last tetanus shot:_____

Emergency Contact Information

Name(s) of Parent(s) / Guardian(s) to Contact:_____
Address:_____
Phone #1:_____ Phone #2_____

If Parent / Guardian cannot be reached, please contact:
Name:_____
Relationship to Athlete:_____
Address:_____ City:_____ State:_____
Home Phone:_____ Cell Phone:_____

In case of injury or sudden illness, I hereby grant consent to any hospital or doctor to render immediate emergency aid as might be required at the time for my child's health and safety. I understand and accept responsibility for the expense of this service. I also, will not hold Evangelical Pietist Church, anyone connected to Evangelical Pietist Church, any coaches, AD or anyone connected to the Stripes financially responsible for any accidents or injuries that might occur to my child while under their leadership. I also give permission to the Senedot Stripes to use images of my child for promotional purposes in promoting the Stripes.

Name(print):_____ Signature:_____
Date:_____

Permission for individuals 21 and under.

My child _____, has permission to participate with the Senedot Stripes Sport program for the 2026-2027 School Year.

** If my child needs Ibuprofen, Tylenol, or TUMS I give permission for the coaching staff and AD to do so if needed.*
Please put an "X" here and initial if this is okay _____.
If you do not agree to this, please do not put an x. Thank you.