

RCCHS Athletic Program
Emergency Contact & Medical Treatment Form

To participate in any athletic sport, the following information must be completed in full and turned in by its due date to the High School Office. **A new form will need to be submitted for each sport.**

Personal Information

Name _____ Sport _____

Grade _____ Birth date _____

Parent/ Guardian Name(s) _____

Address _____

Email(s) _____

Emergency Phone Number(s) _____

Health and Safety Information

Health Concerns/ Known Allergies:

Medication(s) _____

Certificate of Medical Insurance

Due to the increasing cost of liability insurance to cover athletic participation, we are forced to require that the family of each athlete have a medical insurance plan that would accommodate any injury sustained by your child during any school-sponsored athletic event, whether it takes place on or off the campus of Rancho Christian High School. Most families already have a policy, which covers such accidents. Without such a medical plan or an accident insurance policy, we cannot allow your child to participate in athletics.

Insurance Provider _____

Subscriber Name _____

Policy/ ID # _____ Group # _____

Parent/ Guardian Signature

Date