

Woodland Christian School  
HEALTH STATEMENT AND PARENT CONSENT

Student' Name \_\_\_\_\_  
(Last) (First) (Initial)

I hereby certify that the above named student is physically fit to engage in sports.

\_\_\_\_\_  
(Physicians Signature) (Date)

\_\_\_\_\_  
(Title) (State License)

Has the student had any injury or physical condition that should be watched? \_\_\_\_\_

If yes, please list \_\_\_\_\_

PARENT COMPLETE

If the student has health or accident insurance, list company name, policy number, and local claims address: \_\_\_\_\_

\_\_\_\_\_  
(Company Name) (Policy Number)

\_\_\_\_\_  
(Claims Office Address)

I hereby give my consent for the above-named student to complete in sports. I authorize the student to go with and be supervised by a representative of the school on any trips. In case this student becomes ill or is injured. You are authorized to have the student treated and I authorize the medical agency to render treatment.

\_\_\_\_\_  
(Date) (Signature of Parent or Guardian)

THIS CARD IS TO BE ON FILE IN THE WOODLAND CHRISTIAN HIGH SCHOOL OFFICE