

# Original

## MEDICAL RELEASE FORM

Student's Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

I certify that \_\_\_\_\_ is physically capable and able to fulfill requirements to try out for a football/basketball/volleyball/track/cheerleading position. I understand this form legally releases all obligations and responsibilities for the medical treatment of my son/daughter in the event of illness or injury during any squad related activity when either parent cannot be reached. If there is any physical or medical reason why she/he should not participate fully, the school requires a doctor's release. Furthermore, the school is not liable for any injury incurred during tryouts.

Parent(s)' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### MEDICAL TREATMENT PERMISSION FORM

In the event of an emergency occurring while my son/daughter is in school sponsored practice, performance, or trip, I grant my permission to the school and its employees to take whatever action necessary. In the event that I cannot be reached, I hereby authorize the school and/or its employees to give consent for my son/daughter: \_\_\_\_\_ to receive medical treatment.

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person to be notified other than parent or guardian in an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

If you do not grant permission or authorization for consent to medical treatment, what procedure should be followed? \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Information: circle one

Heart condition or disease YES NO Asthma YES NO

Diabetes YES NO Allergic to medication YES NO

Convulsions disorder YES NO Allergic to insect stings YES NO

State allergies: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Additional medical information that may be helpful: \_\_\_\_\_

Any medications currently receiving: \_\_\_\_\_

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Medical Information: circle one

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Diabetes	YES	NO	Allergic to medication	YES	NO
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