

Medical release for athletics

medical release form

Student's Name: _____

School: _____ Grade: _____

I certify that _____ is physically capable and able to fulfill requirements needed to be in athletics. I understand that this from legally releases 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 he/she should not participate fully, the school requires a doctor's release. Furthermore, the school is not liable for any injury incurred during an athletic contest.

Parent(s) Signature: _____ Date: _____

Medical treatment permission form

In the event of an emergency occurring while my son/daughter is on a school sponsored practice, 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 medical treatment, what procedure should be followed?

Insurance Company: _____ Policy # _____

Parent(s) Signature: _____ Date: _____

Medical information:

Heart condition or disease	Circle One Yes No	Asthma	Circle One 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: _____

Insurance Waiver

Purpose: Every student athlete must present a completed Insurance Waiver or verification of school insurance in order to practice or take part in interscholastic athletics. This form is a statement from parents indicating they do not have school insurance.

_____ IS NOT COVERED BY SCHOOL INSURANCE. [Please **print** athlete's name.]

IT IS OUR UNDERSTANDING THAT _____ HIGH SCHOOL, ITS ATHLETIC DEPARTMENT, AND ITS BOARD OF EDUCATION WILL NOT ASSUME THE RESPONSIBILITY OR OBLIGATION FOR ANY MEDICAL BILLS OR DEBTS RESULTING FROM ANY INJURY TO THE ABOVE NAMED PLAYER WHILE PRACTICING OR PLAYING IN ANY PRACTICE SESSION, SCRIMMAGE, OR CONTEST.

Please check the appropriate space below:

_____ We do have private insurance for this athlete.

_____ We do **not** have private insurance for this athlete.

_____ Name of Insurance Company

_____ Policy Number

_____ Signature of Parent/Legal Guardian

Date _____

_____ Printed Name of Parent/Legal Guardian

_____ Street Address

_____ City, State, Zip

_____ Telephone

Athletic Department