

Medical Release Form

PARENT/GUARDIAN: I _____, give my permission for my youth to be treated by the appropriate medical personnel for any illness/accident while on a _____ activity.

Day time phone number _____

Cell phone number _____

Work phone number _____

Evening phone number _____

Home Address: _____

City, State, Zip: _____

Emergency contact person _____ phone _____

Child's Name (please print): _____

Parent's Name (please print): _____

Signature of Parent/Guardian: _____ Date: _____

Physician _____ Bus Phone (_____) _____

Medical/Hospital Insurance Company _____

Phone (_____) _____

Policy Holder's Name _____

Policy Number _____

Please indicate any special medical problems (Medicine, injury, allergies) of which we should be aware:

