

MEDICAL RELEASE FOR MINOR CHILD

I, _____ (guardian name please print legibly), Parent or Legal Guardian of _____ (student name please print legibly) a minor child, hereby authorize any Medical or Surgical treatment which may be necessary in an emergency, and in my absence, for the well-being of the above mentioned minor. I agree to hold the physician or hospital treating the above mentioned minor, harmless. I agree to hold the athletic trainer, physician, or hospital treating or transporting the above mentioned minor, harmless. Your signature below gives authorization that is necessary for the school district, its licensed athletic trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

Preferred Number In Case of Emergency (before, during, or after school):

Cell Phone:

Home Phone:

Address:

The above mentioned minor has the following allergies or medical conditions:

Insurance Information:

Name of Company _____

Policy # _____ Group # _____

Parent/ Guardian Signature _____