

**Emergency Medical Release Form**

**In case I/we cannot be reached. I/We the undersigned parent(s)/guardian(s) of \_\_\_\_\_, do hereby authorize school officials as our agent(s) to consent to any diagnostic procedure or medical care which is deemed advisable by and rendered under the general supervision of any licensed physician or surgeon.**

**It is understood that the authorization is given not only in advance of any specific need for treatment, but is also given to provide authority on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the physician in the exercise of his/her best judgement may deem advisable.**

**This authorization shall remain in effect until the end of the sport season, unless sooner revoked in writing and delivered to the said agent(s).**

**Dated \_\_\_\_\_ Home Phone \_\_\_\_\_**

\_\_\_\_\_  
**Signature of Mother/guardian Business Phone \_\_\_\_\_**

\_\_\_\_\_  
**Signature of Father/guardian Business Phone \_\_\_\_\_**

**Name of relative or guardian to contact if parent cannot be reached.**

\_\_\_\_\_  
**Name of relative or guardian Phone number \_\_\_\_\_**

**Has your child ever had a tetanus shot? \_\_\_\_\_**

**If so, when? \_\_\_\_\_**

**Does your child have any allergies, or any other medical history a physician may need to know? If so, please list. \_\_\_\_\_**

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