

Medical Release Form

11/1/10

Emergency Authorization- I, the undersigned parent or legal guardian of _____ the above - named minor, I hereby authorize the coaches, assistant coaches or parents of team members acting in the capacity of activity supervisors/vehicle drivers as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital or urgent care facility. If there is an emergency and I cannot be reached, please contact the emergency contacts named below.

Parent Signature (required) _____ Date _____

Home Phone _____ Work _____ Cell _____

Insurance Carrier _____ Policy number _____

Person responsible for charges. _____

Physician Name _____ Physician Phone _____

Contact if parent/guardian is unavailable _____

Home Phone _____ Work _____ Cell _____

Contact if parent/guardian is unavailable _____

Home Phone _____ Work _____ Cell _____

Known allergies to medications _____

Any Food Allergies _____

Does this child have any disabilities, handicaps, present injuries or limitations, hemophilia, heart condition, history of respiratory illness or other significant medical condition? No/Yes

If yes please explain _____

Parent/Legal Guardian Warning of Risk- I understand that there is a risk of injury to my minor child participating in athletic events. I understand that in wrestling there are risks that include, but are not limited to; head, neck, and spinal injuries which may cause spinal damage, paralysis and in some cases death. I understand that the Peninsula Youth Wrestling program are administered by parents and volunteers, rather than by paid, trained professionals. I hereby release all representatives, officials, board members, coaches, sponsors and volunteers from any and all liabilities for any injury, illness, or loss of property while participating in the Peninsula Youth Wrestling program. I also release Peninsula School District of any liability of injury during facility usage. I fully understand the risks involved and grant permission for my minor child to participate in the Peninsula Youth Wrestling Program.

Signature of Parent/Guardian _____ Date _____

Print Name of Parent/Guardian _____