



Arickaree/Woodlin Sports Coop Emergency Release Form

School Year: _____ Grade: _____ Sport/Activity: _____

Student Athlete's Name: _____
Last First Middle Initial

Sex: M F Age: _____ Birthdate: ____/____/____ Home Phone: (____) _____
(circle one)

Address: _____
Street Address City Zip Code

Mother/Guardian Name: _____

Work Phone #: _____ Other #: _____

Father/Guardian Name: _____

Work Phone #: _____ Other #: _____

Emergency Contact: _____ Phone #: _____

Family Physician: _____ Phone #: _____

Insurance Information

Insurance Co. Name: _____ Policy #: _____

Name of Insured: _____ Phone #: _____

Medical History

Allergies: Yes No **Allergies to Medications:** Yes No **Asthma:** Yes No

Contacts/Glasses: Yes No **Diabetes:** Yes No **Epilepsy:** Yes
No

Heart Trouble: Yes No

Please explain a "yes" answer and list all drug allergies and/or medications taken regularly.

In the event that the parents/guardians of the above named student cannot be contacted, I hereby accept the emergency services of the team physician and athletic trainer and hereby authorize the athletic trainer, coach, and other school officials to sign such papers as may be required to obtain immediate medical attention necessary for the welfare and safety of such student. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of the said student.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Parent or Guardian Signature Date

