

MEDICAL RELEASE FORM

I, _____ give my permission to my son/daughter
_____ to attend any function the _____ athletic
team has, whether it be in town or out of town. I give his/her sponsor/coach _____
or responsible person in charge, permission to seek medical help if he/she needs it.

PARENT'S SIGNATURE _____

PHONE NUMBER HOME: _____

WORK: _____

NOTARY PUBLIC:

SWORN TO ME BEFORE THIS _____ DAY OF _____, _____

CITY OF _____

COUNTY OF _____

STATE OF _____

NOTARY PUBLIC SIGNATURE

Insurance Company: _____

Insurance Company Address: _____

Medical Insurance Policy Number: _____

List below any medication to which the participant is allergic;

List below any medication which the participant takes on a regular basis;

THIS FORM MUST BE NOTARIZED BEFORE IT IS A LEGAL MEDICAL PERMISSION.