

Cass City Schools Medical Release Form

MEDICAL AND LIABILITY RELEASE FORM FOR SPORTS

(Must be filled out completely by parent/guardian. Please do not skip any questions.)

Participants Name: _____ Email: _____

Activity: _____ Starting: _____

Birthdate: ___/___/___ Grade: ___ School: _____

Address: _____ City: _____ State ___ Zip: _____ Home

Phone: (____) _____ Cell Phone: (____) _____ Parent email: _____ Parent's Name

(mother) _____ (father) _____

Parent's Work Phone (mother) (____) _____ - _____ (father) (____) _____ - _____

IN THE EVENT OF AN EMERGENCY, IF PARENTS CANNOT BE CONTACTED, NOTIFY:

Name: _____ Phone: (____) _____ Relationship: _____

INSURANCE AND MEDICAL INFORMATION

Family Physician: _____ Phone: (____) _____

Insurance Carrier: _____ Policy No. _____

MEDICATION (if any) _____ ALLERGIC TO (if any) _____

I realize that the sport my child will be participating in will involve vigorous activity. Due to the nature of the activity I understand that the possibility of serious injury/death does exist as with any athletic activity. I authorize Cass City Schools to seek treatment for injury or illness to my child while participating and also authorize a licensed physician, hospital, or medical clinic to perform treatment for any illness or injury to my child. I authorize payment for treatment, either personally or through the health insurance carrier listed above. I acknowledge and understand the risks involved in the event and grant permission for my child to participate and assume those risks. I also agree to hold harmless & release Cass City Schools for any injury sustained as a result of my son or daughter's participation in any and all events. Cass City Schools strives to provide the maximum in safety procedures and guidelines for all involved.

Signature of Parent or Legal Guardian: _____

Date: _____