

MEDICAL RELEASE FORM

Dear Parents:

At Oaklea Middle School we feel it is our responsibility to care for each one of our athletes during home or away contests.

The following form will be with the coach at all practices and contests to aid in obtaining any emergency medical treatment that might be needed. Please sign and return this with your son or daughter as soon as possible. We will make every reasonable effort to contact you before authorizing the treatment.

Sincerely,
Justin Corey
Principal/Athletic Director

Student's Name

IN CASE OF EMERGENCY, I hereby give my permission to the physician selected by the coach, or in his absence, his designee, to hospitalize, secure treatment for, and order any injection, anesthesia, or surgery for my child as named above. (Any directions to the contrary should be specified on the reverse side of this form and signed.)

Home Phone Number _____ Father's Work Phone Number _____

Mother's Work Phone Number _____

Other Person you would like us to contact if we're unable to reach you.

_____ Phone Number _____

Parent Signature _____ Date _____

Athletes and Parents: Please keep the Athletic Code and Rules and sign below. We the undersigned, have read the Oaklea Middle School Code and Rules, which we understand.

Athlete Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

INSURANCE ARRANGEMENTS

PLEASE CHECK ONE:

_____ I desire for my son or daughter to take out the insurance policy offered through the school.

_____ My son or daughter is fully covered by insurance carried by parents or guardian and the school will not be liable for any injury that occurs during athletic practices, contests, or travel to and from athletic contests.

Name of the company with which insured: _____

Date: _____

(Signature of Parent or Guardian)