

EMERGENCY RELEASE FORM

Athletes Name: _____ Age: _____ Grade: _____

Parents Name: _____ Sport: _____

Date of Birth: _____

Address: _____

Home Phone: _____ Work Phone: _____

Emergency Contact Person: _____

Emergency Contact Phone: _____

Family Physician: _____ Phone: _____

Hospital Affiliation of Personal Preference: _____

Health Insurance Provider: _____

Policy Number: _____

List illnesses or injuries requiring medical attention in the past 12 months:

List medications currently taken: _____

List current allergies (e.g., food, insect, medication): _____

Permission for Treatment

In the event I cannot be reached, I grant permission to the Swartz Creek School System to provide emergency treatment for _____ (son/daughter) and follow-up care by a licensed physician or health care provider.

Parent or Guardian (**PRINT**): _____

Signature: _____ Date: _____