

# Ascension Athletic Program

## Emergency Release Form

To whom it may concern:

As the parent / guardian of \_\_\_\_\_

I hereby authorize the treatment by a qualified, licensed medical doctor of the aforementioned minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger the child's life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of minor: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Hospital/Place of Treatment: \_\_\_\_\_

Health Insurance: ( ) Yes ( ) No Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Group Name # \_\_\_\_\_

Medical Information: Blood type: \_\_\_\_\_

Asthma? Yes / No

Medication regularly taken: \_\_\_\_\_  
\_\_\_\_\_

Specific allergies, chronic illness, or other conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of emergency, contact : Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_  
(print name of parent/guardian)

\_\_\_\_\_  
(signature of parent/guardian) (date) / /