

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) / /