

Medical Release Form

Participants Name: _____ Date of Birth: _____

Parent's / Guardian's Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

Emergency Contact: _____ Phone: _____

Medical Permit

In the event of illness or injury, I/we hereby consent for a qualified licensed physician, surgeon, or EMS personnel to examine and diagnose and to prescribe for and/or perform treatment, including surgery, on my/our son/daughter:

Parent / Guardian Signature: _____ Date: _____

For the purpose of an operative procedure recommended by the attending physician, I/we hereby consent to the administration of any anesthetic, general and/or local by an anesthetist selected and approved by the attending physician or surgeon.

I/We further agree to pay all costs incurred by the above-mentioned participant for the hospital bill, surgeon's fee, anesthetist's fee and the cost of an ambulance for the transportation to the nearest source of medical treatment.

Parent / Guardian Signature: _____ Date: _____

Insurance Company: _____ Policy Number: _____

Please list any health concerns (allergies, medications, etc.) _____

Do Not Return Medical Release Form
This should be held by participant during event in case of emergency

***THIS FORM DOES NOT GET RETURNED.
Please keep in participant pocket during event.

Medical Release Form