

**RELEASE FOR EMERGENCY TREATMENT FOR  
SPORTS RELATED ACTIVITIES**

I, \_\_\_\_\_ (PARENT/GUARDIAN)

of \_\_\_\_\_, Hereby authorize Emergency Room treatment for my child/student. I understand that I can not always be reached in case of an emergency, and I do grant a hospital, ER Physician on duty ( or Physician requested will be called), Paramedics, or Trainers to go ahead with the treatment that is deemed **necessary**. I also understand that the Emergency Room Clerk will try to get in touch with me the moment my child is brought into the Emergency Room.

Emergency Phone #: \_\_\_\_\_

**Student Information**

Student Name: _____	Date of Birth: _____
Student's Home Phone: _____	
Address: _____	
Allergies/Medical Problems: _____	

**Insurance Information**

Name of Insured: _____
Insurance Company: _____
Policy Number: _____

**Additional Emergency Phone Numbers**

Name: _____	Number: _____
Relationship: _____	
Name: _____	Number: _____
Relationship: _____	

I understand that this release only covers the dates listed below:

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_