

**Emergency Medical Release Form**

**TO: All parents of South Central Calhoun Athletes**

**FROM: Mark Schaefer, Athletic Director**

Dear Parents:

Please read the information on this form. Fill out and sign your name in the appropriate spaces. Have your son or daughter return the form to the respective head coach of their team.

This form will be kept by each head coach in a three-ring binder and taken to all games so that necessary information will be available in case of an emergency.

- 1) **My signature below indicates that I understand that my son or daughter must ride the bus home from away games unless I or my spouse make a request directly to the head coach and then signs the appropriate release form.**
- 2) **My signature below indicates that I give my permission for my son or daughter to receive emergency medical analysis and treatment for injuries or sickness that may occur in a situation where I cannot be reached personally.**

Circle One

Student's name: \_\_\_\_\_ Male or Female Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Our health insurance is with \_\_\_\_\_ Policy #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Mom's Cell Phone #: \_\_\_\_\_ Dad's Cell Phone #: \_\_\_\_\_

I give permission for the school to give Tylenol or Ibuprofen to my child. YES NO to \_\_\_\_\_

Special medical consideration regarding my son or daughter (such as allergic reactions to certain medication, asthma, diabetes, history of orthopedic injuries, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: If you have more than one child involved in middle school and/or high school athletics, please fill out a separate form for EACH child.**