

THIS FORM IS REQUIRED BEFORE ANY PARTICPATION CAN BEGIN

SMG MEDICAL RELEASE FORM

This gives permission to a licensed Medical Physician to administer treatment to the following minor in the event of a medical emergency which in the opinion of the attending physician may endanger 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 STUDENT: _____

DATE OF REALESE: **August 2011 TO May 2012 athletic season**

The release is signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature

Relationship to student – Circle one: Father Mother Guardian

Address: _____

Phone: _____

Hospital: _____

Family Physician: _____ Phone: _____

Specific Medical Allergies: _____

Chronic Illness: _____

Other conditions: _____

OTHER CONTACT INFORMATION IN CASE OF EMERGENCY:

Name _____ Phone: _____

Hospital Insurance _____ Group Number _____

Surgical- Medical _____ Group Number _____