

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 2016 TO May 2017 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: \_\_\_\_\_

Dad Cell: \_\_\_\_\_

Mom Cell: \_\_\_\_\_

\_\_\_\_\_  
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 \_\_\_\_\_