

Parent Release Form for Emergency Medical Care

John A Coleman High School

Your son/daughter has requested to participate in a John A Coleman Athletic Program. In order to ensure he/she receives the proper medical care as needed, you must provide the health information below. By signing this form, you are authorizing the school's coach or designated representative, or tournament official to act on your behalf in authorizing emergency medical, dental, surgical care and hospitalization for your son/daughter in your absence,

Athlete Name: _____

Parent/Guardian Name: _____

Address: _____

Home Phone #: _____

Cell Phone #: _____

Emergency Contact Name: _____

Emergency Contact #: _____

Family Physician: _____ Phone #: _____

Allergies/Special Conditions:

I have read and understand the above parent release form. i do hereby authorize the care referenced for my child; and I do further release the John A Coleman Athletic Program and its agents from any claim whatsoever on account of care authorized pursuant to this emergency medical care release form.

Parent/Guardian Signature: _____ Date: _____