

# EDINBURGH MIDDLE/HIGH SCHOOL MEDICAL RELEASE FORM

Student's Name: \_\_\_\_\_ Sports: \_\_\_\_\_

School: \_\_\_\_\_ Grade \_\_\_\_\_

## Medical Treatment Permission Form

In the event of an emergency while my son/daughter is at a school sponsored practice, game, or trip, I grant my permission to the school and its employees to take whatever action necessary. In the event that I cannot be reached, I hereby authorize the school and/or its employees to give consent for my

son/daughter, \_\_\_\_\_ to receive medical treatment.

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Person to be notified other than parent or guardian in an emergency:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

If you do not grant permission or authorization for consent to medical treatment, what procedure should be followed?

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Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### *Medical Information*

	Circle One			Circle One	
Heart Condition or disease	Yes	No	Asthma	Yes	No
Diabetes	Yes	No	Allergic to medication	Yes	No
Convulsions disorder	Yes	No	Allergic to insect stings	Yes	No

State allergies: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Additional medical information that may be helpful: \_\_\_\_\_

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Any medications currently taking: \_\_\_\_\_

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