

## John Paul II Regional School Medical Release Form

This form must be completed prior to participation in any John Paul II athletic activities. Although injuries can occur and are inherent in sports, by signing this agreement you acknowledge that neither John Paul II Regional School nor its coaches are liable for injuries sustained by any athlete.

### Please Print

Student Name \_\_\_\_\_ Activity \_\_\_\_\_

I hereby give my permission for any emergency medical attention to be administered to my child, \_\_\_\_\_, in the event of an accident, injury, sickness, etc. under the direction of the coach/asst. coach listed below, until I may be contacted. I also assume responsibility for the payment of treatment should any occur.

In the event that I cannot be reached, the following persons are designated to act on my behalf:

Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Known Allergies \_\_\_\_\_

Existing Medical Conditions \_\_\_\_\_

Medications \_\_\_\_\_

Other instructions or considerations \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

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