

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 _____