

CHRISTIAN CENTRAL ACADEMY
Sports Medical Release Form

***This form must be completed for each student who plays any interscholastic sport.
It will be kept with each team roster with the team coach.***

As the parent/legal guardian of _____, I request in my absence the before-named student-athlete be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, **duly licensed** as Doctors of Medicine or Doctors of Dentistry or other licensed technicians or nurses, to perform any diagnostic procedure, treatment procedures, operative procedures and x-ray treatment for the above minor. I have not been given a guarantee as to the results of the examinations or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the before-named student-athlete.

Signature of Parent/Guardian _____ **Date** _____

Address _____

Home Phone: _____ Work Phone _____ Cell/Pager _____

EMERGENCY CONTACT *(if parent is unavailable):* _____

Address _____

Home Phone: _____ Work Phone _____ Cell/Pager _____

Date of Athlete's Birth _____ Date of last tetanus booster _____

Known Allergies of this athlete *(including any allergies to medicine)* _____

Any other medical concerns _____

Current medications _____

Family Physician _____ **Phone** _____

INSURANCE CARRIER _____ **ID #** _____

Name of Primary Insured _____

Insurance Company Address _____

Phone # _____