

MEDICAL RELEASE, EMERGENCY INFORMATION, AND INSURANCE WAIVER FORM

Assumption Catholic Schools

School Year: _____ Student-Athlete: _____

Parents/Legal Guardians: _____

School Attending: _____ Grade: _____

Medical Release

In the event that parents/legal guardians of the above name student-athlete cannot be contacted through reasonable efforts, the undersigned parents/legal guardians do hereby empower and grant medical personnel the permission, consent, and authorization for medical treatment. This authorization is in force for the above mentioned school year or until revoked.

I do hereby indemnify and hold harmless the medical personnel who act in reliance upon this authorization.

Signature of Parents/Legal Guardians

Date

Emergency Information

Phone Number(s) where you can be reached at work or at home.

Allergies of Student-Athlete

Medications Student-Athlete is taking

Name of Family Doctor &/or Health Facility

Phone Numbers

Name of Health Insurance Carrier, Subscriber Number, and Group Number

Emergency Contacts if Parents/Legal Guardians are Unable to be Contact with Phone Numbers

Insurance Waiver

I also understand that my child must be covered by medical and/or accident insurance in order to participate in interscholastic athletics and hereby certify that my student-athlete is covered for injuries and/or death occurring as a result of participation in, or the practice for, all athletic events organized and hosted by the Assumption Catholic Schools and / or the Diocese of La Crosse. I also certify that said insurance will be kept in force during the full time that my child engages in the practice for or participation in athletic events throughout the entirety of the aforementioned school year.