

## Flint Academy Athletic/Medical Release Form

NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

In the event that I (parent/guardian) cannot be reached, I hereby authorize the trainer, administrator, or coach in charge, as agent to the above student/athlete, to consent to any x-ray examination, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment be rendered at the office or hospital. By signing this I authorize the Flint Academy to transport my child in the event of an injury or necessity. I also authorize the Flint Academy to transport my child to and from games.

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

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Preferred e-mail address \_\_\_\_\_

Every student/athlete participating in interscholastic athletics must be covered by medical insurance. Please indicate the insurance carrier that insures the above student/athlete, the policy number, and the name of your family physician.

Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone# \_\_\_\_\_

Student/Athlete Birthday \_\_\_\_\_ Age \_\_\_\_\_

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

Is student currently taking any medication? If so, please list \_\_\_\_\_

Is student allergic to any medication? If so, please list \_\_\_\_\_

Has student had any major operations or injuries? If so please list \_\_\_\_\_

### PERSON TO BE CONTACTED IF PARENTS/GUARDIANS ARE NOT AVAILABLE:

Name \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_