***2012-2013 MEDICAL RELEASE FORM***

***SACRED HEART HIGH SCHOOL***

***399 BISHOPS HIGHWAY***

# ***KINGSTON, MASSACHUSETTS 02364***

In case of accident to your child, all efforts will be made to contact the immediate family.

If we are unable to do so, and emergency medical assistance is needed, we would like to have your permission to proceed with medical aid by our Athletic Trainer. If your child needs to be transported to a hospital, some hospitals refuse treatment without parental consent. Below is a parental medical aid permission slip. Please fill out all of the information, sign and return this form to your child’s Athletic Director. Thank you.

(Please print the following information)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Students Last Name First Name Middle

Male \_\_\_\_\_ Female\_\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Street Address City/Town Zip Code

\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

 Home Phone Cell Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company Policy Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Parent/Guardian Signature Date

# ***Contact Information***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Name Telephone Relationship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Name Telephone Relationship