

MEDICAL RELEASE - CHASE ACADEMY GIRLS BASKETBALL

I hereby give my permission for any and all medical attention necessary that will be administered to my child, (NAME) _____, in the event of an accident, injury, sickness, etc. under the direction of the basketball coaches, until I may be contacted. This release is effective from August 1, 2010 through April 30, 2011. I also hereby assume the responsibility for payment of such treatment.

MY ADDRESS:

HOME PHONE: _____ CELL PHONE: _____

HEALTH INSURANCE COMPANY:

INSURANCE POLICY NUMBER: _____

OUR PHYSICIAN: _____

PHYSICIAN ADDRESS: _____

PHYSICIAN PHONE: _____

KNOWN ALLERGIES: _____

OTHER VITAL INFORMATION: _____

In case I cannot be reached, please try to contact:

NAME: _____ PHONE: _____

(PARENT or GUARDIAN) SIGNATURE: _____

PRINTED NAME: _____ DATE: _____