

Sports Medical Release Form

Student Name: _____ Birthdate ___/___/___ Age: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Existing Medical Coverage:

Plan #: _____ Known Allergies:

_____ Current Medications:

- My child has had a physical within the last two years, and it is on file with the school.
- I will get a medical physical done for my child and will submit the results for the school to have on file.

I hereby voluntarily permit my child to participate in the Trinity Baptist School Sports Program. I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE. _____ In case of a medical emergency, I hereby give permission to TBS Staff, volunteers, and coaches to order treatment for my child, including any necessary medical treatment and x-rays. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses which my child may incur as a result of such treatment. I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS.

Signed: _____ Date _____