

Medical Release Form

Chaperones must keep signed and completed forms in their possession throughout the tournament.

Student Name: _____

Date of Birth and Age: _____

Parents' Names: _____

Chaperone Name: _____

Emergency Contact: _____

Medical Insurance: Bring your medical insurance card or a copy (both sides) with you.

Company: Group Number: _____

List any information that would be helpful should we need to seek medical assistance:

List any medications you are taking at this time: _____

List any allergies to food, medication, environment, insects, etc: _____

Describe your reaction: _____

What protocol is to be followed if you come in contact with an allergen?

_____ has my permission to sign for/ administer any medical treatment they deem necessary for my child, _____ while in their care between _____, 20____ and _____, 20____.

Parent Signature_____

Date_____