

## 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 \_\_\_\_\_