

## Moody High School Emergency Form / Medical Release

(PLEASE PRINT)

Sport: \_\_\_\_\_ school year \_\_\_\_\_

Athlete (Full Name) \_\_\_\_\_ Birthday: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

(Whom You Live With)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email: \_\_\_\_\_

Mother \_\_\_\_\_ Home Ph. \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father \_\_\_\_\_ Home Ph. \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

### Emergency Contact (besides parents)

Contacts (1) \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

(2) \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### HEALTH INFORMATION – Medical release

Allergies: \_\_\_\_\_ Medicine \_\_\_\_\_ Bees \_\_\_\_\_ Ants \_\_\_\_\_ Food/other: \_\_\_\_\_

### MEDICAL CONDITION

\_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Pump \_\_\_\_\_ Injection(s) \_\_\_\_\_ Pills

\_\_\_\_\_ Epilepsy/seizures \_\_\_\_\_ Bleeding disease \_\_\_\_\_ Surgeries \_\_\_\_\_ Eye Problem(s)

\_\_\_\_\_ Ear Problem(s) \_\_\_\_\_ Nose bleeds \_\_\_\_\_ Other: \_\_\_\_\_

Physician \_\_\_\_\_ Hospital \_\_\_\_\_  
(In Case of Injury)

Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

We may only give medication that you have provided in original bottle. You have filled out a form, and doctor for the medication. I give permission to have my child treated by the medical designate on athletic trips, camps, or games. I understand that all reasonable precaution will be taken for my child's safety, and I will not hold the school or designate responsible for any illness or unforeseen accident.

I, the undersigned, do hereby authorize the official/health care designate of St. Clair County schools to contact directly the person(s) named on this paper to render such treatment as me be deem necessary in an emergency for the health of my child. In the event that a person on this paper or parent are unable to be reached, I give permission to transport my child to the nearest medical facility. Every attempt will be made to reach a person above.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ date: \_\_\_\_\_

PLAYER SIGNATURE \_\_\_\_\_ date: \_\_\_\_\_