

Moody High School Emergency Form / Medical Release

(PLEASE PRINT)

Sport: _____

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 _____

PLAYER SIGNATURE _____