

PARTICIPANT MEDICAL RELEASE AND RELEASE OF LIABILITY
PLEASE READ BEFORE SIGNING

Name of Participant: _____ Date of Birth: _____

Participant's E-mail: _____ Phone #: _____

Address: _____
Street City State Zip

School Name: _____

Year of Graduation: _____ Position: _____

Parent's Name: _____

Parent's E-mail: _____

Emergency Contact: _____ Phone #: _____

Secondary Emergency Contact Name (if parent/guardian cannot be contacted): _____

Relationship: _____ Telephone: _____

Is there any other information that will be helpful for us to know in order to facilitate the best possible method of training for your child?

MEDICAL INFORMATION FORM

MEDICAL INFORMATION:

Please provide any details that would prevent your child from fully participating in athletics at AEGIS HEALTH PARTNERS and any other pertinent information that a doctor would need to know in the event on an emergency.

ALLERGIES: _____

MEDICATIONS: _____

INJURIES: _____

Do you know of any diseases and/or ailment that could impact your child's ability to participate in activities at AEGIS HEALTH PARTNERS? If so, please provide and explanation.

NO _____ YES _____, EXPLAIN _____

Family Physician: _____ **Town:** _____ **Telephone:** _____

Insurance Carrier: _____

PERMISSION FOR EMERGENCY TREATMENT

On rare occasions, a medical emergency arises when we are unable to contact the parents. Most hospitals frown upon administering any medical care without the consent of a parent. In order that no delay occurs that might cause severe discomfort to the student, or endangering the student's life, we request the following permission slip be signed by the parent.

I hereby grant permission to the staff, to hospitalize, and secure proper treatment for my child, _____, in the case of emergency, provided he/she is unable to contact me, and according to his/her best professional judgment, further delay would cause severe discomfort or jeopardize the life of my child.

Date: _____ Signature: _____ Relationship: _____