

**AMHERST CHRISTIAN ACADEMY SPORTS MEDICAL RELEASE FORM**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

As the parent/legal guardian of \_\_\_\_\_, I request in my absence the above named player to be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment for the above minor. I have not been given a guarantee as to the results of the examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above player.

Date of Players Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Date of last Tetanus Booster: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Known Allergies of this player (including any allergies to medicine): \_\_\_\_\_

Any other medical problems which should be noted: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**PARENT/GUARDIAN:** \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**EMERGENCY CONTACT (if parent is unavailable):** \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**PERSON RESPONSIBLE FOR CHARGES (if different from Parent/Guardian):** \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**INSURANCE CARRIER:** \_\_\_\_\_ **I.D.#** \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature also verifies that I have reported to the coach and School Nurse any injuries or illness since my child's sports physical.