

## **SPORTS MEDICAL RELEASE**

Participant's Name: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Emergency Contact if parents cannot be reached (with phone #):  
\_\_\_\_\_

Physician (With Phone #): \_\_\_\_\_

Hospital to which athlete should be taken in case of emergency and parent/guardian cannot be reached: \_\_\_\_\_

Has the athlete ever fainted or blacked out or had a seizure during exercise?  
(Yes-No - If so please explain)  
\_\_\_\_\_  
\_\_\_\_\_

Has anyone in your family ever died suddenly and unexpectedly of an unknown cause (or gone into cardiac arrest suddenly) at a young age?  
(Yes/No - If so please explain)  
\_\_\_\_\_  
\_\_\_\_\_

Does the athlete have consistent or unusual chest pain and/or shortness of breath during exercise? (Yes/No - If so please explain)  
\_\_\_\_\_  
\_\_\_\_\_

Special Medical Problems or Allergies: \_\_\_\_\_  
\_\_\_\_\_

Your signature is our authorization to call the physician listed above to render first aid or necessary emergency treatment if there should be serious illness or accident, and neither parent can be reached. If the physician cannot be reached, it is our authorization to take the student/athlete to the hospital emergency department.

Signature of Parent or Guardian: \_\_\_\_\_  
\_\_\_\_\_