

# STRATFORD ACADEMY ATHLETICS

## MEDICAL RELEASE FORM



Entering grade \_\_\_\_\_ in August 20\_\_\_\_\_

Male  Female

**ATHLETE'S NAME** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Parent or Guardian Name(s) \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Mother's Work Number \_\_\_\_\_ Mother's Mobile \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

Father's Employer \_\_\_\_\_

Father's Work Number \_\_\_\_\_ Father's Mobile \_\_\_\_\_

Father's Email Address \_\_\_\_\_

**PHYSICIAN** \_\_\_\_\_ Phone Number \_\_\_\_\_

**In the event of an emergency, please list two people whom we may contact if we are unable to reach the parents.**

1. Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Mobile Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Mobile Phone Number \_\_\_\_\_

**INSURANCE COMPANY** \_\_\_\_\_ Policy Number \_\_\_\_\_

**ALLERGIES** (food, medications, etc.) \_\_\_\_\_

**MEDICATIONS** (taken regularly) \_\_\_\_\_

**DIETARY RESTRICTIONS** \_\_\_\_\_

**OTHER** Does your child have any medical history, current health problems, or recent medical/surgical treatment we should know about? \_\_\_\_\_

**The Georgia Certificate of Immunization (Form 3231) is required by law for all students and must be on file in the Stratford Academy Registrar's Office. Date of Last Tetanus Injection:** \_\_\_\_\_

**MEDICAL RELEASE:** In the event that the athlete is injured while participating in Stratford Academy athletics and requires the attention of a doctor, we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for which a physician and/or hospital personnel refuse to administer without our consent, we hereby authorize Stratford Academy athletic staff, or assigned school representative, to give such consent for us if we cannot be reached by telephone at one of the numbers indicated above. In the event it becomes necessary for any of these persons to give consent for us, we agree to hold such persons, the school, and any of its representatives, staff or officers, free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician.

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_