



Cartersville City School System Athletic Medical Release Form

Student Information

Athlete's Name _____
Sport _____
Address _____
Home Phone: _____

Date: _____
Grade: _____
Gender: _____

Contact Information

Mother's Name _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
E-mail: _____

Father's Name _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
E-mail: _____

Person other than Parent/Guardian to contact in case of emergency:

Name _____
Phone (1): _____
Address: _____

Relationship _____
Phone (2): _____

Family Physician:

Address: _____
Phone: _____

Health Insurance Co:

Primary: _____
Secondary: _____

Policy #: _____
Policy #: _____

List any medicines the student takes OR any medical conditions concerning the student.

- (1) _____
(2) _____

INITIAL EACH OF THE FOLLOWING CONSENT STATEMENTS TO SHOW THAT THE STATEMENT HAS BEEN READ, UNDERSTOOD, AND AGREED UPON

	I consent to have my son/daughter represent his/her school in approved activities except those excluded by the examining physician.
	I grant permission for my son/daughter to accompany any school team of which he/she is a member on all approved trips. He/she will be transported to/from all events in school-approved vehicles. Parents wishing to have their child with them when returning from an event must make arrangements with the coach.
	In the event of an emergency or injury requiring medical attention, I expect every reasonable attempt to be made to contact me. In case I cannot be reached, I grant permission for any immediate treatment deemed necessary by the attending physician, and agree to transport of my child to a medical facility. This authorization does not cover major surgery unless formally decreed prior to surgery by at least two licensed physicians or dentists.
	I agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to my child in the proper course of athletic activities or travel to/from events of the team.
	I acknowledge and accept that there are risks of physical injury involved in athletic participation which may result in injury, serious injury, permanent paralysis, mental disability, and/or death.
	I consent to the release of any medical information that the school is aware of for the treatment of my child who may be injured, including to agents or contracted providers of the school, including but not limited to therapists and athletic trainers.

Parent/Legal Guardian (Print)

Parent/Legal Guardian (Signature)
