



Athletic Department — 'MEDICAL & RELEASE FORM'

Emergency Medical Information

Student Name _____

Best Telephone# _____ Alt #s _____

Emergency Contact: Who _____ Phone # _____

Home Address _____

Family Physician _____ Telephone _____

Hospital Preference _____ Last Tetanus shot _____

Allergies/special medical conditions _____

Medicine Administered on field/court _____

Insurance (yes) (no) Information (Company/Policy#) _____

RELEASE FOR TREATMENT: I hereby release Paul VI Catholic HS and give permission to the attending physician or hospital to administer medical treatment in the event I cannot be reached.

_____/_____/_____
Print Parent/Guardian Name Signature Date

Transportation Release

I hereby grant permission for my child to: (check appropriate box(es))

- ride in school provided transportation to any off-campus practice or game.
- drive his/her vehicle or my vehicle to any off-campus practice or game.
- ride with a teammate to any off-campus practice or game.

In granting permission to drive or ride in private vehicles, I am signing a release of liability toward the Diocese of Arlington, Paul VI Catholic H.S. or any coach or employee at Paul VI. I am also releasing any driver my child may ride with. Please list any stipulations/special instructions:

_____/_____/_____
Print Parent/Guardian's Name Signature Date

Electronic Communication Release

My signature below verifies that my child may communicate electronically (including text messages, email, phone, etc.) with his/her coach. List any exceptions: _____

_____/_____/_____
Print Parent/Guardian's Name Signature Date