EMERGENCY MEDICAL RELEASE

Midlothian Independent School District

Grade for 20___ - 20___ school year 6 7 8 9 10 11 12 Sex: M F

Sports: _____

Background Information ♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦

Full Name_____ Age_____ DOB_____

SS # _____ Home Phone_____

Home Address_____ City_____ Zip _____

Father's Name_____ Father's Home Phone _____

Father's Work Phone_____ Father's Cell Phone_____

Father's Employer_____ City_____

Mother's Name_____ Mother's Home Phone _____

Mother's Work Phone_____ Mother's Cell Phone_____

Mother's Employer_____ City_____

Emergency Information ♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦

Person to contact in case of emergency if parents cannot be reached.

Name_____ Relation_____ Phone # _____

Name_____ Relation_____ Phone # _____

Primary Care Physician_____ Phone # _____

Known allergies to medication_____

Medication regularly taken_____

Medical concerns_____

Insurance Information ♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦

Name of insured party_____ Group #_____

Insurance Company_____ Policy ID #_____

Company Address_____ Company Phone #_____

Parent or Guardian Permit

I have completed the Medical History Report on this form and affirm that it is correct. I have read and understand the U.I.L and M.I.S.D. rules on this form and agree that my son/daughter will abide by them.

The above named student is now under my control and in my custody. I hereby give my consent for the above named student to compete in the University Interscholastic League of Midlothian I.S.D. approved sports and go with a coach or school representative, or any parent, on any field trip or to games. **The parents herewith grant permission for school employees to secure medical services for the above named student if necessary.**

If, in the judgment of any representatives of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student. Your signature below gives authorization that is necessary for the school district, its trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

Physical Examinations – A yearly physical is a minimum requirement by Midlothian ISD and it's athletic department.

Participant Notification - If, between this date and the beginning of athletic competition or once participating in competition, any illness or injury should occur that might limit this student's participation, I agree to notify the Licensed Athletic Trainers at Midlothian ISD of such illness or injury.

Medication Permit - Licensed Athletic trainers designated by the Midlothian Independent School District board policy are hereby given my consent to administer non-prescription medication to said student. Further consent is hereby given to administer prescription medication to said student when prescribed by the team physician and/or student's personal physician.

Release to Return to Play after Medical Consultation - Athletes who seek medical attention from a Healthcare provider cannot return to Athletic Participation without the following two criteria:

1. A signed/dated release from a Medical Physician on file with the Midlothian ISD Athletic Trainers, AND
2. Release by the Midlothian ISD Licensed Athletic Trainers

Note: Parental Authorization and/or Notification WILL NOT be accepted

Parent signature_____ **Date**_____

Student signature_____ **Date**_____