



**Country Day School Athletics**

**Player Emergency Medical Release Form**

I, as the parent or legal guardian of (player) \_\_\_\_\_, hereby give consent to his/her participation in all/any sports programs during the 20\_\_-20\_\_ school year. I hereby assume all risks and hazards incidental to such participation including transportation to and from all related activities and do hereby waive, release, absolve, and agree to hold harmless Country Day School and Activities organizers, sponsors, supervisors, participants and persons transporting my son/daughter.

I hereby authorize any licensed hospital or licensed medical physician to perform any preliminary examination or render any emergency treatment which may be necessary in the event that my son/ daughter shall be injured while participating in a Country Day School's sports program, with out contacting me first.

My son/daughter has the following medical problems, is prescribed the following medication(s), which should be noted: \_\_\_\_\_

Allergies \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Student Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone \_\_\_\_\_

**I have medical coverage for my child;**

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Players Date of Birth \_\_\_\_\_

Mother's Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Father's Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Notary Public, Sate of Florida, County of Pinellas**

*On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public, State of Florida, duly commissioned and sworn, personally appeared \_\_\_\_\_ known to me and to be the person whose name the he/she executed the same. IN WITNESS WHEREOF, I have set my hand and affixed by official seal.*

\_\_\_\_\_  
**NOTARY PUBLIC, STATE OF FLORIDA**