

**Emergency Information
And Medical Release Form
Mt. Vista Athletics Participation
Oracle School District #2**

Student Name: _____ Grade _____

Birthdate _____ Age _____ Home Phone _____

Parent's (Guardian's) Name(s) _____

E-mail Address: _____

Mother Cell or Work _____ Father Cell or Work _____

In an emergency, if parents cannot be contacted:

Notify _____ at _____

Family Doctor _____ Doctor's Phone _____

Insurance Company _____

Preferred Hospital _____ Known Allergies _____

The coach or assistant coach may apply first aid treatment until the family doctor can be contacted. Yes ___ No ___

Any other information on health the coaches should know: _____

_____ has my permission to participate in interscholastics. This includes all sports for the entire school year. Practice will generally be from 3:45 to 5:45 each day.

Medical Release

I realize that the District's liability coverage only applies to injury if negligence is proven against the District and the terms and conditions of the contractual liability coverage provided in favor of the District have been met; in all other circumstances, the student's health insurance will provide coverage for the student's injuries. In case of accident or serious illness, I request the school/coach to contact me. If I cannot be reached, I hereby authorize the school/coach to call the physician indicated above and follow his or her instructions. If it is impossible to contact the parent or physician, the school/coach may make whatever arrangements necessary to secure medical aid and ambulance service. I have legal custody or control of my child and grant permission for any emergency treatment and/or hospital services rendered to said minor.

Parent Printed Name

Date

Parent Signature

Home Address