

## **MEDICAL RELEASE AND EMERGENCY INFORMATION**

In the event of an emergency, medical treatment cannot be given unless there is parent consent for medical attention. By answering the items below and completely signing this form, you give permission for medical treatment for your son/daughter in case of an injury. Please be assured you will be notified as soon as possible. Moreover, a Rio Hondo ISD Coach, Trainer, and/or Administrator will always accompany your son/daughter.

I, the undersigned, give the medical staff permission to treat my son/daughter in case of injury.

Athlete's Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Allergic To A Medication? (If Yes, List Medications): \_\_\_\_\_

Medications Taken Regularly: \_\_\_\_\_

Medical Conditions we should be aware of: \_\_\_\_\_  
\_\_\_\_\_

Family Physician: \_\_\_\_\_

Parents/Guardians Name: \_\_\_\_\_

Father/Guardian Cell #: \_\_\_\_\_ Mother/Guardian Cell #: \_\_\_\_\_

Father/Guardian Work #: \_\_\_\_\_ Mother/Guardian Work #: \_\_\_\_\_

Name and Phone # of person if parents/guardians cannot be notified: \_\_\_\_\_  
\_\_\_\_\_

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care as may be given said student by any physician, athletic trainer, nurse, hospital, EMS, or school representative. I do hereby agree to indemnify and save harmless the school, school representative, and/or hospital representative from any claim by any person on account of such care and treatment of said student.

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

\_\_\_\_\_  
Date

Note: Any medical bills not covered by the primary and/or school insurance will be forwarded to and be the responsibility of the parent/guardian.

(please fill out in blue or black ink)