

**MEDICAL RELEASE FORM**

**A signed medical release form and a completed sport physical form must be submitted to the coach before or at the first practice. Players who do not meet this requirement will not be allowed to participate in practices.**

PLEASE PRINT

Sport: \_\_\_\_\_

Athlete's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Emergency Phone (Parent) H: \_\_\_\_\_ W: \_\_\_\_\_

Other Emergency Contact: Name \_\_\_\_\_ Phone #: \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_ to participate in the Derby Homeschool Athletic Association sports program listed above. I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the sponsor to give first aid to my child and/or to secure the service of a licensed medical care provider to provide the care necessary, including anesthesia, for my child's well being. I also understand that my insurance company or I will accept all medical expenses. I agree not to hold DHAA liable for accidents or illnesses that may occur during a sponsored event or travel.

Insurance Co: \_\_\_\_\_

Policy #: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Please list any medical allergies, medications being taken, medical conditions, or other pertinent information. State "None" if there are none.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please obtain a completed sport physical form and attach it to the back of this form.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_