



Emergency Information, Medical Release, and Transportation Consent Form

COMPLETED FORM IS DUE ANNUALLY PRIOR TO PARTICIPATION IN ANY PRACTICE OR COMPETITION.

Emergency Information

Student's Name:	Date of Birth:	Telephone:
Home Address:	List known medical conditions:	
List known drug or other allergy:	List current medication(s):	
Emergency Contact(Parent/Guardian):	Relationship to Student:	Telephone:
Emergency Contact(Parent/Guardian):	Relationship to Student:	Telephone:
Insurance Company:	Policy Number:	
Physician's Name:	Telephone:	

Medical Release

I, the undersigned, as a parent and/or guardian of the above named (student) minor do hereby authorize his/her treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, or cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Transportation Consent

I, the undersigned, also give permission for the transportation of the above named (student) minor as part of his/her participation in the sports program, by whatever means of legal transportation necessary.

Parent/Guardian's Signature

Print Parent/Guardian's Name

Date

Student's Signature

Print Student's Name

Date

RETURN COMPLETED FORM TO THE BELOW ADDRESS PRIOR TO YOUR FIRST TEAM PRACTICE:

CLASP
2081 Bear Valley Parkway, Suite #B220
Escondido, CA 92027