

PHYS. DATE _____
NURSE'S SIG. _____
DATE _____
FOR OFFICE USE ONLY

ATHLETIC RELEASE
YORKTOWN CENTRAL SCHOOL DISTRICT
EMERGENCY INFORMATION

PLEASE PRINT FIRMLY IN
BLACK OR BLUE INK
Please do not use felt or roller pens

SPORT _____ LEVEL _____

NAME _____ D.O.B _____ AGE _____ GRADE _____ MALE _____ FEMALE _____

PARENT/GUARDIAN NAME _____ HOME TEL. _____

ADDRESS _____

STREET _____ P.O. (IF APPLICABLE) _____ CITY/STATE _____ ZIP _____

FATHER WORK: _____ CELL: _____ MOTHER WORK: _____ CELL: _____

IN CASE OF EMERGENCY, IF PARENT/GUARDIAN CANNOT BE CONTACTED, PLEASE NOTIFY:

NAME: _____ RELATIONSHIP: _____

HOME PHONE: _____ WORK: _____ CELL: _____

FAMILY PHYSICIAN: _____ PHYSICIAN'S PHONE: _____ PREFERRED HOSPITAL _____

EYEGASSES _____ CONTACT LENSES _____ BRACES _____ EXISTING MEDICAL CONDITIONS _____

MEDICATIONS _____ KNOWN ALLERGIES _____

I _____ as parent/guardian of _____
Athlete's Name

Hereby give permission for the coach, a school doctor/athletic trainer, if in attendance, or hospital to administer first aid to my child in case of a medical emergency at either an away or home contest in the event that I cannot be contacted. I will allow the coach, nurse, Athletic Director or an Administrator of the Yorktown School District to exercise their own judgement in securing medical aid and ambulance service for the care and treatment of my child in such cases.

Date _____ Parent/Guardian Signature _____

I HAVE RECEIVED, READ, UNDERSTAND, AND ACCEPT THE STUDENT ATHLETE EXPECTATION RULES. THESE RULES HAVE BEEN REVIEWED TOGETHER BY PARENT AND ATHLETE.

ATHLETE'S SIGNATURE _____ PARENT'S SIGNATURE _____

NURSES COPY

* Example Only *
Form must be printed 4 times.
It is a 4 part white card
available in the Athletic Office
or MESMS Nurse office during
the year.