

Central Middle School
362 US Hwy 158 West
Gatesville, NC 27938

Medical Release Form

_____ has my permission to
(Student Name)

participate in _____ at Central Middle School and to
(Sport)

receive medical attention for any injury.

Parent/Guardian Name (Please Print) _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Insurance Company _____ **Policy #** _____

Family Physician: _____ Physicians Number: _____

Child's Allergies: _____

Additional Medical Condition(s) that the Coach should know about?:

IN CASE I CAN NOT BE REACHED, EITHER OF THE FOLLOWING PEOPLE ARE DESIGNATED:

Name: _____ Phone Number _____

Relationship to Athlete: _____

Name: _____ Phone Number _____

Relationship to Athlete: _____

.In case of emergency, I give permission for my child to receive emergency care

Parent/Guardian Signature(s): _____

_____ Date _____