

EMERGENCY RELEASE FORM

ATHLETES NAME: _____

SPORT: _____

TYPE OF TRANSPORTATION: **SCHOOL BUS**

To Whom It May Concern,

I hereby give my consent for the above-mentioned athlete to participate in athletics and to travel with coaches or other school representatives.

The parent or legal guardian herewith grants permission for the coaches, licensed athletic trainer, or school representatives to secure medical services for the above named if necessary. I also give the consent for the athletic trainer, school nurse, or coaches to dispense the following medications to the athlete; Tylenol, Advil, Antacid, Cold and Flu medication, allergy medicine, midol, antidiarrheals, and electrolyte tablets. These medications will only be given in single doses in cases where they are needed.

It is understood that neither the Crandall I.S.D. nor the employees of Crandall I.S.D. assumes any responsibility in the event of an accident in travel or in the athletic contest. The undersigned agrees to be responsible for any equipment or facilities provided to the above named athlete.

Date _____ / _____ / _____

Signature of Parent or Legal Guardian: _____

Phone Number: Home () _____ - _____
Work () _____ - _____
Cell () _____ - _____

Family Physician: _____ () _____ - _____