

WHITEHALL LIL' VIKES SPORTS
MEDICAL INFORMATION AND MEDICAL RELEASE
(TO BE COMPLETED BY PARENT OR GUARDIAN)

ATHLETE'S NAME _____ BIRTHDATE _____

PARENT'S/GUARDIAN'S NAMES _____

ADDRESS _____

HOME PHONE _____ DAD'S WORK PHONE _____

MOM'S WORK PHONE _____ OTHER _____

WHO SHOULD WE CONTACT IN CASE OF EMERGENCY IF PARENTS CANNOT BE REACHED:

NAME _____ RELATIONSHIP _____

HOME PHONE _____ WORK PHONE _____

HOSPITAL PREFERENCE _____ FAMILY DOCTOR _____

INSURANCE _____ POLICY NUMBER _____

PLEASE LIST ANY OF THE FOLLOWING:

PREVIOUS ILLNESSES/INJURIES _____

ALLERGIES _____

CURRENT MEDICATIONS _____

ANY OTHER CONDITIONS THAT SHOULD BE NOTED _____

MEDICAL RELEASE:

IN THE EVENT OF AN EMERGENCY AND THE ABOVE CONTACTS CANNOT BE LOCATED, I HEREBY GIVE PERMISSION FOR EMERGENCY TREATMENT OF _____ TO BE OBTAINED.
(CHILD'S NAME)

THIS RELEASE IS EFFECTIVE FOR THE TIME DURING WHICH MY CHILD IS PARTICIPATING IN THE WHITEHALL LIL' VIKES SPORTS PROGRAM FOR THE YEAR OF _____.

SIGNED BY PARENT OR GUARDIAN _____

DATE _____