



2019 Lightning Bolt Explosion Medical & Liability Release

Name of Athlete: _____

Team: _____

Each participant MUST have an original medical & liability release form on file at competition site prior to competing.

I, _____, the parent and/or legal
(Name of parent/legal guardian)

guardian of _____, do hereby acknowledge and
(Name of participant)

state that the above athlete is presently under my care, custody and control and that I possess the authority to grant the permission and authorization that said athlete has no conditions, which would prohibit or restrict his/her participation in the Lightning Bolt Explosion held at Appleton North High School.

I authorize any representative of Appleton North High School to locate qualified and licensed medical personnel and/or transport said athlete to an appropriate medical facility in the event that it may become necessary. I understand I will be notified as soon as possible in the event of an emergency. My insurance company and I will assume all expenses of such treatment.

(Signature of parent/legal guardian) (Date)

Parent/Guardian Contact

Home Phone: _____ Cell Phone: _____

Additional contacts in the event of an emergency

Name: _____ Relationship to athlete: _____

Phone: _____

Name: _____ Relationship to athlete: _____

Phone: _____

Confidential Medical Information

Family Physician: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

List pertinent medical information such as diabetic pumps, heart monitors, braces, inhaler, etc... applicable to heart condition, diabetes, epilepsy, nervous disorders or allergies: _____

List any medication or drugs to which the participant is allergic: _____

List any regular medication the participant is taking: _____