

MEDICAL RELEASE AND TREATMENT FORM

In the event of any injury occurring to my son/daughter _____
at any Old Colony League sponsored practice, game or event, at which I am not present, I hereby grant
permission to the organization through its directors, coordinators and coaches, to act on my behalf to permit
emergency medical treatment to my child as needed, until I can be contacted per the following instructions.

HOME PHONE _____ BUSINESS PHONE _____

ADDRESS _____ STATE _____ ZIP CODE _____

PERSON TO BE NOTIFIED OTHER THAN PARENT OR GUARDIAN IN AN EMERGENCY:

_____ PHONE _____

FAMILY DOCTOR _____ PHONE _____

If you **DO NOT** grant permission or authorization for consent to emergency medical treatment, what
procedure should be followed? _____

DATE: _____

PARENT/GUARDIAN SIGNATURE)

TO BE COMPLETED BY YOUR PHYSICIAN:

KNOWN MEDICAL CONDITIONS OF PARTICIPANT (IF ANY)

	Circle One		Restrictions
Heart condition or disease	YES	NO	_____
Diabetes	YES	NO	_____
Convulsions disorder	YES	NO	_____
Asthma	YES	NO	_____
Allergic to medication	YES	NO	_____
Allergic to insect stings	YES	NO	_____

State allergies _____ Last Tetanus Shot _____

List any medication(s) currently receiving _____

Please detail any special restrictions or limitations that should be followed during the course of football or
cheerleading activity. _____

I have examined the above child and found no apparent contraindications to participating in Old Colony
League Football/Cheerleading.

Doctors Signature: _____ Date: _____