

TARKINGTON MIDDLE SCHOOL CHEERLEADING MEDICAL RELEASE FORM

Student's Name: _____

School: _____ Grade: _____

I certify that _____ is physically capable and able to fulfill requirements needed to be a cheerleader. I understand that this form legally releases all obligations and responsibilities for the medical treatment of my son/daughter in the event of illness or injury during squad related activity when either parent cannot be reached. If there is any physical or medical reason he/she should not participate fully, the school requires a doctor's release.

Furthermore, the school is not liable for any injury incurred during cheerleading.

Parent(s) Signature: _____ Date: _____

MEDICAL TREATMENT PERMISSION FORM

In the event of an emergency occurring while my son/daughter is on a school sponsored practice, performance, or trip, I grant my permission to the school and its employees to take whatever action necessary. In the event that I cannot be reached, I hereby authorize the school and/or its employees to give consent for my son/daughter _____ to receive medical treatment.

Home Phone: _____ Business Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Person to be notified other than parent or guardian in case of emergency

Name: _____ Phone: _____

Family Doctor: _____ Phone: _____

If you do not grant permission or authorization for consent to medical treatment, what procedure should be followed?

Insurance Company: _____ Policy #: _____

Parent(s) Signature: _____ Date: _____

MEDICAL INFORMATION

Circle One Circle One

Heart condition or disease Yes No Asthma Yes No

Diabetes Yes No Allergic to medication Yes No

Convulsions disorder Yes No Allergic to insect things Yes No

State allergies: _____

Date of last tetanus shot: _____

Additional medical information that may be helpful:

Medication currently taking: _____
