

SUN VALLEY ATHLETIC BOOSTER CLUB, INC.
Medical Release Form

I, _____ am the parent/guardian of
(Parent/Guardian-please print)

_____ and I grant permission to managing personnel to authorize and
(Student's full name-please print)
obtain medical care from any licensed physician, emergency personnel, hospital or medical clinic should my child become ill or injured with neither parent available.

Parent/Guardian signature _____ Date _____

Father's name _____ Cell phone # _____

Mother's name _____ Cell phone # _____

In case of emergency please contact:

Name _____ Phone # _____

Hospital preference _____

Child's Physician _____ Phone # _____

Medical Insurance Co. _____

Policy # _____

My child has health insurance and I will not hold Sun Valley Athletic Booster Club, SVHS, SVMS or Indian Trail Athletic Association liable should anything happen to my child while playing a sport for the Sun Valley Athletic Booster Club.

Parent/Guardian Signature _____ Date _____

I, _____, a Notary Public of _____ County and State of _____
do certify that _____ personally appeared before me this day and acknowledged the
due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, 20 _____.

NOTARY PUBLIC

My Commission Expires: _____