

## Medical Release Form (for Basketball)

I, \_\_\_\_\_ (Parent/Guardian) hereby give permission for any and all medical attention to be administered to my child, \_\_\_\_\_ in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I release Coeur d'Alene Christian School from any responsibility in the case of accident or injury to my child. I also assume responsibility for the payment of any treatment received.

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Insurance Carrier/Policy Number: \_\_\_\_\_

In case I cannot be reached, any of the following persons is designated to act on my behalf:

\*Coach: \_\_\_\_\_

\*Asst. Coach: \_\_\_\_\_

\*A league representative where my child is playing.

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_

Date \_\_\_\_\_

**Please complete this form and return to Coeur d'Alene Christian School.**