

# MEDICAL RELEASE FORM

In the event of my absence, I, \_\_\_\_\_ parent/guardian of  
(print full name)

\_\_\_\_\_, do hereby give the Athletic Director, coaches, staff, athletic  
(print full name)

trainers and/or Western Alamance High School Administrators permission to have my child treated for injuries. In the event of an emergency, I understand that every attempt will be made to reach me.

( )

signature of parent/guardian

home telephone number

( )

email

work telephone number

name of insurance company

policy number/ID

Any additional information or telephone numbers that may enable us to reach you:

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