

Mount de Sales Academy Athletics
Pre-Participation Release Form

I give authorization to the Mount de Sales medical staff to evaluate and treat any injuries that occur during my athletic participation at Mount de Sales Academy. This includes immediate first aid treatments (including the use of a rectal thermometer), follow-up, and rehabilitation in the athletic training room. By not signing this form, my child will not be allowed to participate in the sport(s) of his/her choosing.

Student Athlete Signature _____ Date _____
Parent/Guardian Signature _____ Date _____

Please complete the following information to assist the medical staff and coaching staff of Mount de Sales Academy in the event of an emergency. This information will accompany the coaching staff during away athletic events. This form will be used in the case of an emergency in which you (parent or guardian) are not present to provide the medical response facility with the appropriate information. Mount de Sales Academy and her employees will not take on any financial responsibility from the facility.

Student Name _____ **Date of Birth** _____

Student Social Security # _____

Any Allergies to FOODS _____ **MEDICINES** _____ **INSECTS**
_____ **ASTHMA (type of medicine used)** _____

Emergency Contact _____ **Phone #** _____

Additional Contact Names/#'s _____

Health Insurance Company Name _____

Member ID # _____

Type of Coverage (circle one) PPO POS HMO