



Lake Orion Community Schools  
**DRAGON GAP MEDICAL FORM**  
*Please print neatly*

Date: \_\_\_\_\_

Sport: \_\_\_\_\_

<b>ATHLETE'S NAME</b>	Last	First	DATE OF BIRTH
PARENT'S NAME			
ADDRESS			
HOME PHONE (     )		WORK PHONE (     )	
FAMILY PHYSICIAN			
NAME OF MEDICAL INSURANCE CO.		PHONE (     )	
CONTRACT NUMBER		GROUP NUMBER	
ANY OTHER IMPORTANT INFORMATION:			
NAME ON INSURANCE CARD			
EMERGENCY CONTACT		PHONE (     )	

## EMERGENCY MEDICAL WAIVER

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_ recognize that as a result of athletic participation, an injury or illness may occur that may require medical treatment on an emergency basis. In the event I am unable to be contacted, permission is hereby granted for emergency medical treatment, including hospital care, as may be deemed necessary by the Athletic Trainer or other school official under the then existing circumstances. I also agree that any medical bills incurred will be covered by my medical insurance company and/or myself.

In consideration or permission granted my child or ward, by the Lake Orion Community Schools, to participate in athletics and school related activities during the current school year, I hereby release or discharge Lake Orion Community Schools, its agents, employees, and officers, from all claims, demands, actions, judgments and executions which the undersigned ever had or now has, or may have, or which the undersign's heirs, executors, administrators, or assigns, for all personal injuries, known or unknown and injuries to property, either real or personal, caused by or arising out of, any of the above described sports activities.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

**WE HAVE READ AND UNDERSTAND ALL THE ABOVE STATEMENTS AND BY OUR SIGNATURE INDICATE OUR WILLINGNESS TO ABIDE BY THEM.**

Date: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Parent's/Guardian's Signature: \_\_\_\_\_