

St. Mary's Academy High School

Medical and Surgical Release 2011-2012

All HS student-athletes must have this form on file

Student Name: _____ **Date of Birth:** _____ **Grade:** _____

I, parent or legal guardian of _____, a minor child, hereby give my consent for emergency medical, surgical, or dental treatment in the event of accident, injury, sickness, or other event of an emergency nature, which would require immediate treatment. I understand that St. Mary's Academy will notify me as soon as possible of its actions with regard to such treatment, as soon as circumstances permit.

I hereby release St. Mary's Academy and its employees, including faculty, staff and maintenance personnel, from any liability by reason of the exercise of emergency medical, surgical, or dental treatment pursuant to this release, except liability for bad faith in the exercise thereof. I further understand that there is no limitation to the treatment that may be used, as long as it is within the standards of generally accepted medical, surgical or dental practice, and I have listed below any limitations with respect to prohibitions of treatment, specific allergies, drugs, etc.

Father's Signature (or legal guardian)

Mother's Signature (or legal guardian)

Cell Phone Number

Cell Phone Number

In an emergency, if the parents cannot be reached, notify: _____

Known Allergies, Chronic Illnesses and Recent Injuries: _____

Medications/ Other: _____

Medical Insurance Carrier

Family Doctor

Insured Member's Name

Phone

Policy Number

Hospital Preference