



**MEDICAL RELEASE FORM**  
**COACH SHOULD RETAIN THIS FORM.**  
**PLEASE CARRY THESE FORMS IN YOUR FIRST-AID KIT**

I hereby grant permission to the Kenmore-Town of Tonawanda School District and their duly authorized Representatives, to consent to first aid, emergency medical care and all other medical or surgical care they deem reasonably necessary to the health and well being of my son or daughter listed below.

Also, when necessary for executing such care, I grant permission for transportation to hospitalization at an accredited hospital. That transportation may in some instance include private automobiles.

Student \_\_\_\_\_ Grade \_\_\_\_\_

High School \_\_\_\_\_ Team \_\_\_\_\_

Family Physician \_\_\_\_\_ No. \_\_\_\_\_

Parent/ Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
 Names \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Parent/Guardian Work No. \_\_\_\_\_ Parent/Guardian Cell No. \_\_\_\_\_

Alternate person to contact in emergency \_\_\_\_\_

Phone No. \_\_\_\_\_

Please list any medications that your child routinely takes

\_\_\_\_\_  
 \_\_\_\_\_

Access to the student's sports physical information is withheld from coaches, therefore please list below any medical information about this student that you feel the coaches and medical staff need to know. i.e. allergies, medical conditions.

\_\_\_\_\_

Medical Insurance

Company \_\_\_\_\_ Policy/Group Number \_\_\_\_\_

Parent/Guardian

Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_