

## **Blessed Teresa of Calcutta CYO Athletic Medical Release Form**

I hereby give permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc., until such time as I may be contacted. I also hereby assume the responsibility for payment of any such treatment.

***Please Print***

**My Child's Name Is:** \_\_\_\_\_

**My Address is:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work/Cell Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**My Insurance Company Is:** \_\_\_\_\_

**My Policy Number Is:** \_\_\_\_\_

**Our Physician Is:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phys. Phone:** \_\_\_\_\_  
\_\_\_\_\_

**Known Allergies:** \_\_\_\_\_

**Other Health Conditions That May Affect Athletic Participation:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parents Names:** \_\_\_\_\_  
(Please Print)

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_