

Student-Athlete Group Travel Medical Release

Student Information

Name of Student-Athlete

Date of Birth

Age

Grade/Class

Home Address

Parent/Guardian Information

Parent/Guardian Name

Contact Phone Number(s)

Contact Email

Emergency Contact (other than parent/guardian)

Name

Relationship

Phone Number

Medical Information

Primary Physician Name

Physician Phone Number

Health Insurance Company

Policy Number

List Any Allergies

Medications (name, dose, frequency)

Other Medical Conditions/Notes

Authorization and Release

I hereby give permission for the above student-athlete to participate in group team travel and authorize medical care as deemed necessary by the trip supervisors and/or medical personnel.

Parent/Guardian Signature

Date