



EMERGENCY MEDICAL RELEASE FORM -

Student's Name: (First) _____ (Last) _____ (Middle) _____

Gender: _____ Age: _____ Date of Birth: _____ 2013-14 grade level: _____

FAMILY INFO

Guardian/Mother's Name: _____ Father's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Daytime Phone: _____

Cell Phone: _____ E-mail: _____

Does your child live with (circle) one / both parents?

EMERGENCY INFO

Emergency Contact: _____

Relationship: _____ Phone: _____

Family Physician: _____ Hospital/Medical Group: _____

Phone: _____ Child's Medical Number: _____

Is your child on any medications? Please explain:

Does your child have present or reoccurring health issues, special dietary needs or allergies? Please

Explain: _____

CONSENT

I, _____ parent/guardian of _____,

give permission for my son/daughter to participate in Elevated Legacy (EL) activities. I give permission for media release with the understanding that any photos, articles, video footage, etc from my son/daughter may be used for promotional materials. I understand that EL staff and volunteers will take the utmost care of my child, and in the unforeseen event of lost or damaged property, or unavoidable injury to my child, I will not hold EL or its staff/volunteers liable. I understand the goals of Elevated Legacy and gladly support my child, and the Elevated Legacy coaches, in achieving these goals.

Parent/Guardian Signature

Date