



SPAA MEDICAL RELEASE AND EMERGENCY FORM

Participant Name: _____

Age: _____ **Grade:** K 1 2 3 4 5 6 7 8 ← circle one

Sport: Boys B-ball Cheer Football Girls B-ball Soccer Volleyball ← circle all that apply

I certify that _____ is physically capable and able to complete the requirements needed to be a participant. I understand that this form allows for the medical treatment of my child should an illness or injury occur during sport-related activities when either parent or guardian cannot be reached. If there is any physical or medical reason why my child cannot participate for an extended period of time, a doctor's release shall be obtained prior to returning to practices and events.

Parent Signature _____ **Date** _____

Medical Treatment Permission

In the event that an emergency occurs while my child is participating in an authorized SPAA athletic activity, I grant permission for SPAA representatives to take whatever action is necessary to provide medical care for my child. In the event that a parent or guardian cannot be reached, I authorize SPAA and/or its representatives to give consent for my child to be given medical treatment at the nearest medical facility as directed by emergency personnel.

Home Phone _____ Alternate Phone _____

Address _____

City _____ State _____ Zip _____

Family Doctor _____ Phone _____

Insurance Carrier _____

Member ID Number _____ Group _____

Emergency Contact (required)

Person to be notified other than parent/guardian in case of emergency:

Name _____ **Phone** _____

Participant Name: _____

Medical Information

- Heart Condition or disease Yes No ← circle one
- Diabetes Yes No ← circle one
- Convulsions disorder Yes No ← circle one
- Asthma Yes No ← circle one
- Allergic to medication Yes No ← circle one
- Allergic to bee stings Yes No ← circle one
- Immunizations up to date Yes No ← circle one

Last Tetanus shot: _____

Please identify medication allergies or other allergies: None ← circle if no allergies
(e.g. penicillin, iodine; latex, peanuts, eggs, lactose)

Any medications your child is currently taking: None ← circle if taking no medications

Additional information that may be helpful:

A copy of this form will be kept on file by an authorized SPAA representative and be brought to all practices, games, tournaments or competitions in case of emergency. This form may be given to emergency personnel upon request and will accompany the child in transport to the nearest medical facility.