

PETRA ACADEMY

Medical Authorization Form for Sports

Purpose: To enable parents or guardians to authorize the provision of emergency treatment for their children who are injured or become ill while under the authority of Petra Academy coaches in the event the parents or guardians cannot be reached.

This acknowledges that we, the undersigned, parent(s) or legal guardian(s) of _____ (*Name of participant*), recognize the potentially hazardous nature of the sports and that an injury might be sustained. These injuries include but are not limited to PERMANENT DISABILITY, BLINDNESS, PARALYSIS, AND DEATH. In the event of such an injury to my child and we (I or my spouse or guardian) cannot be contacted, we give permission to qualified and licensed EMTs, physicians, paramedics, and/or other medical or hospital personnel to render such treatment.

We (I) release Petra Academy, its employees, its agents, its volunteers and its assigns from any personal injuries caused by or having any relation to this activity. We (I) understand that this release applies to any present or future injuries or illnesses and that it binds my heirs, executors, and administrators.

This release form is completed and signed of my own free will and with full knowledge of its significance. I have read and understand all of its terms.

Parent/Guardian:

Printed Name Primary Phone Email

Parent/Guardian:

Printed Name Primary Phone Email

Family Physician:

Printed Name Address Phone

Preferred Hospital: _____

Child's Medical Insurance Carrier: _____

Name Phone

Emergency Contact:

Printed Name Primary Phone Email

Specific facts concerned child's medical history (allergies, medications being taken, chronic illness, etc.) that a physician should know:

Parent/Guardian:

Signature Date

Parent/Guardian:

Signature Date