

**RAMS ATHLETICS  
MEDICAL RELEASE FORM  
COVENANT ACADEMY  
2021-2022**

Name of Sport(s): _____
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Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Grade in School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employment: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employment: \_\_\_\_\_

**Insurance Information:** Company \_\_\_\_\_ Policy/I.D.Number \_\_\_\_\_

Student's Health History (List all operations, serious illnesses, and pre-existing medical conditions: use back for more space, if needed):

\_\_\_\_\_ Date (s): \_\_\_\_\_

List All Drug Reactions: \_\_\_\_\_

Allergies (Describe): \_\_\_\_\_

List Any Physical Handicaps: \_\_\_\_\_

**Emergency Numbers (please list any person who could be reached in your absence):**

Father: Work \_\_\_\_\_ Pager \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

Mother: Work \_\_\_\_\_ Pager \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

**Other Contacts:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Pager \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Pager \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

If necessary, CA may seek all services in the case of emergency. In the event that I cannot be reached, I give permission for this student to be transported to a hospital/medical facility. I also authorize the hospital/medical facility to provide emergency medical or surgical treatment. I will assume full responsibility for all charges related to the above, and release the school and the school system, its agents, employees, and administrators from any and all liability claims and causes of action in connection with the transportation and/or treatment of the student named herein.

IN WITNESS of our agreement and consent to the matters stated in the foregoing, we have subscribed our signature(s) below.

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_  
**DATE**