

MEDICAL RELEASE FORM

I, _____ give my permission to my son/daughter
_____ to attend any function the MIS football, drill team,
volleyball, basketball, baseball, softball, or track team has, whether it be in town or out of town. I
give his/her sponsor/coach FB _____, Drill Team _____
_____, VB _____, Basketball _____
Baseball _____, Softball _____,
Track _____ or responsible person in charge, permission to seek
medical help if he/she needs it.

PARENT'S SIGNATURE _____

PHONE: HOME _____ WORK _____ CELL _____

NOTARY PUBLIC:

SWORN TO ME BEFORE THIS _____ DAY OF _____, _____

CITY OF _____

COUNTY OF _____

STATE OF _____

NOTARY PUBLIC SIGNATURE

Medical Insurance Company: _____

Address: _____

Phone: _____ Policy No. _____

Student Name _____ Age _____ Ht. _____ Wt. _____

Student has: contacts braces glasses dental appliance

List any disease or breathing disorders that coaches need to be aware of: _____

_____.

List any medication to which the participant is allergic: _____.

List any medication to which the participant takes on a regular basis: _____