

**DPL ATHLETICS
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 Football _____, Drill Team _____,
Volleyball _____, 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 STAMP AND 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: _____