

Moxie Guard Medical Release Form

Name

Parent/Guardian to Contact in Case of Emergency

Address

Emergency Phone/Cell Phone

City, State, Zip

Parent's Work Phone

Home Phone

Additional Person to Contact in Case of Emergency

Date of Birth

Emergency Phone/Cell Phone

Family Physician

Physician Phone

Insurance Company & Policy Holder

Policy Number

MEDICAL HISTORY (Current conditions such as asthma or diabetes verified by physician, Physical Limitations, etc.)

Please list any other known acute or chronic medical conditions:

Medications:

Allergies/allergic reactions/allergic reactions to medications:

Any major surgeries:

Physical conditions that limit activities:

Special dietary needs:

Last Tetanus shot: Will you allow blood transfusions: YES NO

The following information I hold to be true about the member to the extent of my knowledge as of the date signed. I understand that providing any false information could result in mistreatments of the member in the event that medical attention should be needed on an emergency basis. It is understood that the coaches and medical personnel will make every attempt to contact parents, guardians, or relatives listed above prior to taking any actions.

Parent/Legal Guardian Signature

Date

Relationship to Student: