

2024-25 BRUCE SCHOOLS ATHLETIC EMERGENCY RELEASE FORM

Name _____ Birthdate _____

Address _____

Father's Name _____ Cell Phone (____) - _____

Mother's Name _____ Cell Phone (____) - _____

Physician of Choice/Clinic _____

Dentist of Choice _____

Insurance Company _____

Special health conditions (allergies, medications, blood type) of child:

If emergency treatment is required and the parents cannot be reached, may the school authorities/coaches use their best judgment in calling the doctor or dentist named above, or if not available, an alternate doctor or dentist?

YES _____ NO _____

If NO, what do parents want done? _____

Signed _____ Date _____

(Parent or legal guardian)

Emergency Contacts

Please list the names of two adults who may be contacted if a parent cannot be reached.

(Please name someone with a telephone/cell and specify relationship)

Name _____ Phone (____) - _____

Address _____ Relationship _____

Name _____ Phone (____) - _____

Address _____ Relationship _____