

ILCA ATHLETIC LIABILITY FORMS

Medical Information, Treatment Consent, & Medical Release

Athlete Name: _____ Age _____ Birth Date ____/____/____

Home Address: _____
Street City State ZIP Code

Father's/Guardian's Name: _____

Work Phone: (____) ____ - ____

Cell Phone: (____) ____ - ____

Mother's/Guardian's Name: _____

Work Phone: (____) ____ - ____

Cell Phone: (____) ____ - ____

Student's Primary Physician: _____

Physician Phone: (____) ____ - ____

Medical Insurance Company: _____

Policy Number: _____

Policy Holder's Name: _____ Policy Holder's Employer: _____

Emergency Contact if Parents / Guardians are not available

Name: _____

Home Phone: (____) ____ - ____

Work Phone: (____) ____ - ____

Cell Phone: (____) ____ - ____

Athlete Medical Information

Drug Allergies: _____

Food Allergies or Dietary Restrictions: _____

Environmental Allergies (respiratory, skin, bee or insect): _____

Date of Last Tetanus Shot: _____

Describe Medical History (Heart Condition, Asthma, Epilepsy, Diabetes, Rheumatic Fever, etc.)

Physical Restrictions: _____

Medications Needed

Directions for Taking

Refrigerate?

- The above information is correct to the best of my knowledge.
- I hereby authorize ILCA employees as the Temporary Custodian of the above-named minor to consent to any emergency treatment by a licensed physician, surgeon, or dentist, to any hospital care that may be rendered to said minor whether such diagnosis or treatment is rendered at the office of the physician, surgeon, or dentist, or at a licensed hospital. I also hereby give ILCA permission to administer medications needed as detailed above.
- I further agree to release the Temporary Custodian and hold him/her harmless from any damages that might arise from his/her consenting to any medical, dental, or hospital care rendered to the above-named minor.
- I have read the information for parents and hereby give my informed consent for the above-mentioned student to participate in Athletics and associated activities.

Understanding the Risks

- Athlete/parent understands that sports can be inherently dangerous activities and that there are genuine and real serious risks to anyone who engages in these activities.
- Parent knowingly assumes responsibility for any and all such risks and any and all resulting injuries.
- Athlete does hereby voluntarily choose to participate in this event in spite of the risks.
- Athlete/parent attests that athlete is physically fit and has sufficiently trained for this event.
- Athlete does not have any medical record or history that could be aggravated by his/her participation in this activity.
- I give my permission for my son or daughter to receive medical care in the event I am not in attendance at an event or I cannot be reached.
- My signature below indicates I have read this entire document, understood it completely, and agree to be bound by its terms.

Insurance Release

Choose one of the following options below and sign:

I certify that my child is covered by the following insurance and has my permission to participate in all school sponsored activities. It is agreed that the school will be relieved of all responsibility in the event of him/her being injured.

Signature: _____ **Insurance:** _____

I certify that my child is NOT covered by insurance but does have my permission to participate in all school sponsored activities. It is agreed that the school will be relieved of all responsibility in the event of him/her being injured.

Signature: _____

Transportation Consent

Parent understands that his/her student may miss some classes on game/match/meet day, and parent takes the responsibility for transporting his/her student to and from the school or gives permission for student to ride in a private vehicle of another parent or school vehicle.

I have read, I understand, and I consent to the above provisions and I have provided truthfully and accurately the information required. My signature below attests to this and applies to all listed areas (medical, inherent risks, insurance, and transportation).

Parent / Guardian Signature

Date

Relationship to Athlete

_____ / ____ / _____