Lake Orion Community Schools

DRAGON GAP MEDICAL FORM

Please print neatly

Date: _____ Sport: _____

ATHLETE'S NAME Last First		DATE OF BIRTH
PARENT'S NAME		
ADDRESS		
HOME PHONE ( )	WORK PHONE ( )	
FAMILY PHYSICIAN		
NAME OF MEDICAL INSURANCE CO.	PHONE ( )	
CONTRACT NUMBER	GROUP NUMBER	
ANY OTHER IMPORTANT INFORMATION:		
NAME ON INSURANCE CARD		
EMERGENCY CONTACT	PHONE ( )	

EMERGENCY MEDICAL WAIVER

I, _____, the parent or guardian of _____ recognize that as a result of athletic participation, an injury or illness may occur that may require medical treatment on an emergency basis. In the event I am unable to be contacted, permission is hereby granted for emergency medical treatment, including hospital care, as may be deemed necessary by the Athletic Trainer or other school official under the then existing circumstances. I also agree that any medical bills incurred will be covered by my medical insurance company and/or myself.

In consideration or permission granted my child or ward, by the Lake Orion Community Schools, to participate in athletics and school related activities during the current school year, I hereby release or discharge Lake Orion Community Schools, its agents, employees, and officers, from all claims, demands, actions, judgments and executions which the undersigned ever had or now has, or may have, or which the undersign's heirs, executors, administrators, or assigns, for all personal injuries, known or unknown and injuries to property, either real or personal, caused by or arising out of, any of the above described sports activities.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

WE HAVE **READ AND UNDERSTAND ALL THE ABOVE STATEMENTS AND** BY OUR SIGNATURE INDICATE OUR WILLINGNESS TO ABIDE BY THEM.

Date: _____ Student's Signature: _____

Date: _____ Parent's/Guardian's Signature: _____