

Spring Run Athletic Association (SRAA)

Medical Release Form

As the parent or guardian of (child's name) _____, who is a member of Spring Run Athletic Association, I do hereby acknowledge that my child is in good physical condition and to the best of my knowledge is without such ailments that could create and/or cause problems due to strenuous activity. For example: (asthma, migraine headaches, weak back, bad knees, prone to fainting or dizziness, diabetic, bad heart condition, extreme allergies or other physical and chronic disorders). If any, please explain, as it is to everyone's advantage that we be aware in the event of an emergency. This does not necessarily mean that the child will be unable to participate in the sport. If your child has any of the above named conditions or any other not mentioned, a doctor's release may be required.

Explain conditions & list any medications:

Allergies:

In case of an emergency please contact:

Name: _____

Address: _____

City, State Zip: _____

Phone Number: _____ Relationship: _____

Doctor's Name: _____ Doctor's Phone #: _____

Hospital Preference: _____

Date of last tetanus shot: _____

We/I, _____: (Parents/Guardians)* of (child's name):

_____ do further give my expressed written permission for my child to be treated for any illness or injury which is deemed necessary while he/she is under the supervision of the Spring Run Athletic Association coaching staff.

Signature: _____ Date: _____

Relationship to child: _____

*Please include both parents/guardians names