

Medical Information Release for Co-Curriculars



This form is to be completed annually for any student participating in co-curricular activities, and gives parental consent for any staff/chaperone approved by the school principal to secure emergency services (medical, dental, paramedic, ambulance) for the named student at the parent/guardian's expense. This form is provided to coaches and will be taken with the team wherever they travel.

PLEASE SELECT ALL CO-CURRICULARS THAT YOUR STUDENT WILL BE PARTICIPATING IN

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Track and Field | <input type="checkbox"/> Basketball | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Swim | <input type="checkbox"/> Flag Football | <input type="checkbox"/> Weight Training | <input type="checkbox"/> Summer Sport Camps |

Name of Student	Graduating Year
Name of Parent/Guardian	Home Phone Number
Address	City/Zip Code
Contact Number (Mother)	Contact Number (Father)

In case of an emergency, a representative of the TCS Athletics Department has the authority to secure medical or surgical treatment and transport as necessary. Every attempt will be made to contact the parent/guardian/emergency persons listed below prior to treatment or hospitalization.

Name of Student's Physician	Contact Number for Physician
Emergency Contact (1)	Emergency Contact (2)
Emergency Contact (1): Relationship to Student	Emergency Contact (2): Relationship to Student
Emergency Contact (1): Phone Number	Emergency Contact (2): Phone Number

Please list all information helpful to a physician in case of an emergency, including information which school staff and chaperones need to be aware of regarding the student's safety. Updated information shall be provided by the parent/guardian as necessary during the school year.

Medical Problems (e.g. diabetes, asthma, seizures)	Treatment
Allergies (food, stings, medications)	Treatment

TCS rules are in effect for all school-sponsored co-curricular activities.

Medication: Prescription and non-prescription medications are permitted only with a written statement from the physician and parent/guardian indicating a desire that the School assist the student as set forth by the physician, and school policy. If prescription or non-prescription medication is necessary, a Physician's Recommendation for Medication form and a Medication Assistance form must be attached. I understand that school faculty or staff may assist my student in taking the medicine(s) as directed by my physician or school nurse. I will provide the medicine(s) in the prescription container(s) labeled with the name of my student, the prescribing physician's name, and the time and dosage of medication prescribed. I agree to hold harmless and indemnify The Cambridge School, its officers, employees, agents or chaperones from and against all liability, loss, expense or claims for illness, injury or damage any student may incur from medication assistance. **I understand that by signing this form:**

1. I give permission for my son or daughter to participate in The Cambridge School Athletics.
2. I give permission for staff/chaperones to provide first aid care and secure emergency care at my expense if needed.
3. I release The Cambridge School, its officers, employees, agents and its chaperones from any and all liability, loss, expense or claim for illness, injury or damages that may arise from participation in the athletics program or any associated activity.
4. Further, I understand that The Cambridge School does not provide accident/medical insurance for students and that I am expected to provide such insurance coverage.
5. I am aware that injuries may occur to the athlete while participating in interscholastic athletics. I have been advised of this danger.

Signature of Parent or Guardian _____ Date _____

Name of medical insurance company _____ Policy # _____