

HOMESCHOOL ATHLETIC LEAGUE ORGANIZATION (HALO) MEDICAL RELEASE FORM

Students Name: _____

Grade: _____

Sport: _____

I certify that my child, named above, is physically capable and able to fulfill requirements needed to participate in the above named sport. By signing this form, I release all obligations for the medical treatment of my son/daughter in the event of illness or injury during any sport related activity when either parent cannot be reached. If there is any physical or medical reason why he/she should not participate fully, HALO requires a doctor's release. Furthermore, HALO is not liable for any injury incurred during the sport season.

Medical treatment permission form

In the event of an emergency occurring involving my son/daughter while at a HALO sponsored activity, I grant my permission to the coaches and/or Athletic Director to take whatever action necessary to ensure my son/daughter receives proper medical attention.

Home phone: _____ Business Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Person to be notified, other than parent or guardian in an emergency:

Name: _____ Phone: _____

Family Doctor: _____ Phone: _____

Insurance Company: _____ Policy# _____

Please list any medical conditions that we need to be aware of:

Please list any medications your child is currently taking and any known allergies.

Parent(s) Signature: _____ Date: _____