



Warwick Valley High School Crew Team
2020-2021
Medical Treatment Release Form

Full Legal Name: _____

Home Address: _____

Date of Birth: _____ Gender: Female _____ Male _____

Information for Medical Treatment

Physician's Name and Location of Practice: _____

Physician's Phone # (if known): (____) _____

Medical Insurer/Health Plan: _____ Policy #: _____

Allergies to Medications: _____

Allergies (Other): _____

Please note all conditions for which the child is currently receiving treatment:

Note any other significant medical information:

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

PARENT / GUARDIAN PERMISSION

I hereby give my consent for the above student to engage in Warwick Valley High School Crew Team activities as a representative of the Warwick Valley High School. I also give my consent for the above student to accompany the team as a member on its away trips.

Home/Cell Phone Number

Parent/Guardian Signature

Address

Emergency Contact/Relationship

Emergency Contact Phone Number

I give permission for the above student to carry and self-administer the following prescription medication while attending Warwick Crew Team activities. (Complete only as needed)

Prescription medications:

Parent/Guardian Signature: _____ Date: _____

ACCIDENT RELEASE FROM PARENT/GUARDIAN

I hereby give the Warwick Valley High School Crew Coach permission, in my absence, to obtain medical treatment for my child in case of injury. I understand that every effort will immediately be made to notify me of such injury.

Parent/Guardian Signature

Date