

O.H.E.A.A.
OKC KNIGHTS PROGRAM
MEDICAL RELEASE FORM

I recognize the fact that basketball/volleyball/cross country require a significant amount of physical activity and players are at risk for injury. As a parent and/or guardian, I authorize treatment under the direction of any licensed physician of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger the minor's life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases the coaches, instructors, the organization, the directors, and the facility where the child attends practices tryouts, and games from any liability.

OHEAA **requires** that each player have a physical before the first practice.

Name of athlete: _____

Sport: _____

Family Physician: _____ Physician Phone: _____

Primary Insurance Company: _____ Phone: _____

Policy Number: _____ Group or ID Number: _____

Name of Insured and Employer: _____

Current Medications & Conditions: _____

Food or drug allergies: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Guardian signature: _____ Date: _____

*Please fill a form out for each player.