

WALLA WALLA PUBLIC SCHOOLS MEDICAL RELEASE FOR ATHLETICS

Grade _____

School: P G W

Last Name _____ First _____ Phone # _____

Address _____ City/State _____ Zip _____

Date of Birth _____ Age _____ City/State of Birth: _____

Emergency Contact: Father _____ Home/Cell _____ Work _____
(Names) Mother _____ Home/Cell _____ Work _____

Family Doctor: _____ Phone: _____

Physical problems we should be aware of (Allergies, Disabilities, Etc.) _____

Insurance Co. _____ Group /Policy _____

In the event of a serious injury to the above named student, if unable to contact either of the parents/guardians the coach in charge has our permission to seek medical attention from the nearest physician/emergency facility.

Parent/Guardian Signature: _____ Date: _____

Office Use Only: Sport: FB VB CC GS CH D W BBB GBB BTR GTR BB SB GG BG GT BT BS TR
4/7/2011 BSW GSW Other: _____