## FRISCO INDEPENDENT SCHOOL DISTRICT

## **Medical Release Form**

## **CHEERLEADER MEDICAL RELEASE FORM**

Student's Name:						
School:			Grade:			
I certify that	heerleade edical trea ity when e should not	r. I understand t tment of my so either parent car participate full	that this on/daugh nnot be ly, the	s form legally releases a nter in the event of illn reached. If there is an school requires a doc	all oblig ness or ny physi	ations injur ical o
Parent(s) Signature:			Date:			
MEDICAL TREATMENT PERM	IISSION F	ORM				
In the event of an emergency performance, or trip. I grant my necessary. In the event that I could give consent for my son/daug	/ permission permissio	on to the school eached, I hereb	I and its by autho	s employees to take wherize the school and/or i	natever	action
ome Phone: Business Phone:						
Address:					<del> </del>	
City:	s			Zip:		
Person to be notified other than	parent or	guardian in an e	emergei	ncy:		
Name:				Phone:		
Family Doctor:			Phone:			
If you do not grant permission/abe followed?	authorizati	on for consent to	o medic	al treatment, what proc	edure s	should
Insurance Company:				Policy #		
Parent(s) Signature:				Date:		
Medical Information:	Circle Or	ne			Circle	One
Heart condition or disease		<u>70</u> No		Asthma	Yes	No
Diabetes		No		Allergic to medication	Yes	No
Convulsions disorder	Yes N	No		Allergic to insect stings	Yes	No
State allergies:						
Date of last tetanus shot:	la =4 == 1 = 1 f	la a la a la f				
Additional medical information t		be helpful:				