

# 2023-24 BRUCE SCHOOLS ATHLETIC EMERGENCY RELEASE FORM

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Athletes Cell Phone (\_\_\_\_) - \_\_\_\_\_ Parent/Guardian Cell (\_\_\_\_) - \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone (\_\_\_\_) - \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone (\_\_\_\_) - \_\_\_\_\_

Physician of Choice/Clinic \_\_\_\_\_

Dentist of Choice \_\_\_\_\_

Insurance Company \_\_\_\_\_

Special health conditions (allergies, medications, blood type) of child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If emergency treatment is required and the parents cannot be reached, may the school authorities/coaches use their best judgment in calling the doctor or dentist named above, or if not available, an alternate doctor or dentist?*

YES \_\_\_\_\_

NO \_\_\_\_\_

If NO, what do parents want done? \_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Parent or legal guardian)

.....  
**Emergency Contacts**

Please list the names of two adults who may be contacted if parent cannot be reached.  
(Please name someone with a telephone/cell and specify relationship) **Required info**

Name \_\_\_\_\_ Phone (\_\_\_\_) - \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) - \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_