

OATKA Medical Release Form

I hereby give permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc, under the direction of the people listed below until such time as I may be contacted. My child's name is _____.

This release is effective for the time during which my child is participating in the _____ NCAAA _____ football and/or cheerleading program and any tournaments for the 2019 - 2020 season, including traveling to and from such games or tournaments. I also hereby assume responsibility for payment of any such treatment.

Parents or Guardians: _____
Home Address: _____

Telephone: _____ {home}
_____ {work}

Insurance company: _____
Policy Number: _____
Family Physician: _____
Physician Address: _____

Physician Telephone: _____

In case I cannot be reached, either of the following people is designated:

Coach's Name: _Dan Flick_____

Coach's Telephone: _880-6694_____

Asst Coach/Other: _Trip Casey_____

Asst Coach/Other Telephone: _574-6685_____

Signature of Parent or Guardian: _____
Date: _____

Subscribed and sworn before me this _____ of _____, 20____.

Signature of Notary Public: _____