

2024 SPRING SEASON

**RELEASE FORM** *with medical history*

**MEDICAL**

Primary Physician: Phone No:

Health Insurance Co.: Phone No.:

 Policy No.: Group No.:

Hospital Preference:

Emergency Contact Name: Relationship:

Emergency Contact Home Phone: Cell Phone:

Medical History (indicate all that apply):

 Asthma Diabetes Epilepsy Fainting Spells Heart Problems Hemophilia

 High Blood Pressure Hypoglycemia Migraine Headaches

 Other (please specify):

Allergies (please be specific, i.e. food, insects, medicine, etc.):

Date of last Tetanus Shot: / /

Prescription/Medications (please also indicate reason for taking):

Any other physical, mental, or emotional limitations (please specify)?

**RELEASE FORM** *with medical history*

I understand that insurance coverage for accidental injury or sickness will not be provided while participating in Eagles Sports functions or activities by the following: Eagles Sports’ Directors, Board Members, Coaches, or assistants, Columbia County Recreational Department, Richmond County Recreation Department, South Carolina Homeschool Athletic Association, Platinum Sports & Complete Game, New Passion Church, and Episcopal Day School.

**I agree that I will be responsible for any medical expenses that might be incurred because of accident or illness while participating in Eagles Sports functions or activities.**

I hereby release all the above-named participants from liability for accidental injury and sickness which may occur to the above person while participating in the Eagles Sports. In case of my absence, I also give my consent to the Directors and/or Coaches to authorize emergency medical treatment which has been deemed advisable by the treating physician in the exercise of his/her judgment for the above participant.

Signed this day of , 20

 Signature of Parent or Guardian Relationship