

**EXTRACURRICULAR SPORT RELEASE FORM  
AUTHORIZATION AND CONSENT FORM - EMERGENCIES**

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

In case of medical emergency, I authorize the coach or chaperones to transport my child or ward to the nearest doctor's office or hospital and to secure for my child or ward the necessary medical treatment. Every effort will be made to reach parents in the event of an emergency. In the case of illness or accident not requiring a doctor, if parents are not available, I hereby authorize the Cape Ann Waldorf School to release my child or ward to the alternate person/s listed (who could be reached by phone to pick him/her up and care for him/her).

Mother's Name: \_\_\_\_\_

Mother's Phone: Days: \_\_\_\_\_ Evenings: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Phone: Days: \_\_\_\_\_ Evenings: \_\_\_\_\_

Alternate Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Alternate Contact's Phone: Days: \_\_\_\_\_ Evenings: \_\_\_\_\_

Alternate Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Alternate Contact's Phone: Days: \_\_\_\_\_ Evenings: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Pertinent medical information necessary for emergency personnel: i.e., allergies (penicillin, etc., conditions i.e., asthma, heart murmur, etc.): \_\_\_\_\_

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

\_\_\_\_\_  
Parent or guardian's signature Date

September, 2011