

## MEDICAL RELEASE FORM

TO: Parents and Legal Guardians of Thompson Falls Public  
School Extra-Curricular Participants

FROM: Jason J. Slater, Superintendent and Jake Mickelson,  
Athletic Director

RE: Student Injuries and Medical Release

Although it is not an established practice, some hospitals and doctors will not provide medical services without parental permission. The situation has arisen on any school sponsored contest or trip where immediate medical care was delayed until the parents were notified. In an effort to eliminate this we are asking for your permission and parent release if your son or daughter needs treatment.

I, \_\_\_\_\_ give my permission for \_\_\_\_\_

to receive medical treatment if needed. Our son/daughter is covered by our own health insurance plan.

NAME OF PLAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

IN CASE OF EMERGENCY, PLEASE NOTIFY:

\_\_\_\_\_  
Parent/Guardian Phone

\_\_\_\_\_  
Other Phone

Please list any allergies the student may have \_\_\_\_\_

Please list any prescription drugs the student is currently taking (including inhalers)

\_\_\_\_\_