

Rockland High School
Athletic Medical Release Form

The laws of the Commonwealth of Massachusetts require that consent be obtained from the child's parent or legal guardian before medical care can be administered to a child under 18 years of age. Authorization to provide consent may be delegated to another person.

I agree to hold harmless, Rockland High School, the coaches, and the Town of Rockland for any injury incurred as a result of my sons'/daughters' participation in any athletic competition or practice. I also understand that by taking part in the athletic program, there is a possibility of injury or sickness to my son/daughter. I do by grant permission to the coaching staff, athletic trainer, or any hospital staff members to administer medical treatment to my son/daughter should he/she become sick or injured.

Participant's Name: _____

DOB: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Insurance Carrier & Policy Number: _____

Any Medical Conditions that your child may have: _____

Any allergies or allergies to medications: _____

Participants Pediatrician: _____ Phone: _____

Participants Dentist: _____ Phone: _____

Parent's Signature: _____

Date: _____