

MEDICAL RELEASE/CITIZENSHIP FORM

Since injuries do occasionally occur in athletics, the Colorado High School Coaches Association needs your permission to treat your son/daughter in an emergency situation.

Please fill in and sign the form below.

You have my consent to treat _____ in an emergency medical situation.

Parent Signature

Date

Doctor _____ Phone# _____

Are you allergic to medication, etc? (please list) _____

Are you taking any medication at present? (please list) _____

Medical Insurance Provider _____

Phone # _____

PERMISSION TO PARTICIPATE

We know _____ to be the type of citizen we are proud to have representing our school and community. We endorse his/her participation in the All-State Games. We understand that the endorsing school, coach or the Colorado High School Coaches Association upon a proven breach of good citizenship, can withdraw the privilege of participation.

High School Principal Signature

HS Coach Signature

PRINT High School Coach Name

Sport

Return all forms and sponsorship to:

Sandy Beasley-All State Games Director

12605 Home Farm Dr

Westminster, CO 80234 Phone (303) 920-4817 Fax (303) 920-4827

Email picture as a jpeg file to:

sbeasley2@msn.com