

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) \_\_\_\_\_

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

Agent \_\_\_\_\_ Address \_\_\_\_\_

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