GUNSTOCK NORDIC ASSOCIATION
MEDICAL RELEASE FORM

Athlete: _____ DOB: _____ Age: _____
Address: _____
Street city State Zip
Phone: _____ Email: _____

Parent/guardian: _____ Hm.phone: _____ Wk.phone: _____
Address: _____
Street City State Zip

Parent/guardian: _____ Hm.phone: _____ Wk.phone: _____
Address: _____
Street City State Zip

Allergies: _____

Medications: _____

Date of last tetanus shot: _____

Past medical history:

_____
_____
_____

Insurance company: _____ Policy # _____ Group # _____
Address: _____
Subscriber's name: _____

In case of illness or injury, the coaching staff, or its designees, have our permission to seek emergency care.

Parent/guardian signature: _____ Date: _____

Comments: _____