

Mount de Sales Academy Athletics  
Pre-Participation Release Form

I give authorization to the Mount de Sales medical staff to evaluate and treat any injuries that occur during my athletic participation at Mount de Sales Academy. This includes immediate first aid treatments (including the use of a rectal thermometer), follow-up, and rehabilitation in the athletic training room. By not signing this form, my child will not be allowed to participate in the sport(s) of his/her choosing.

Student Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete the following information to assist the medical staff and coaching staff of Mount de Sales Academy in the event of an emergency. This information will accompany the coaching staff during away athletic events. This form will be used in the case of an emergency in which you (parent or guardian) are not present to provide the medical response facility with the appropriate information. Mount de Sales Academy and her employees will not take on any financial responsibility from the facility.

**Student Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Student Social Security #** \_\_\_\_\_

**Any Allergies to FOODS** \_\_\_\_\_ **MEDICINES** \_\_\_\_\_ **INSECTS**  
\_\_\_\_\_ **ASTHMA (type of medicine used)** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Additional Contact Names/#'s** \_\_\_\_\_

**Health Insurance Company Name** \_\_\_\_\_

**Member ID #** \_\_\_\_\_

**Type of Coverage (circle one) PPO POS HMO**