

# CCV Emergency Medical Release Form

Student(s) Name \_\_\_\_\_ Sex M \_\_\_\_\_ F \_\_\_\_\_  
Date of Birth: Day \_\_\_ Month \_\_\_ Year \_\_\_ Activity \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Guardian Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Work Number \_\_\_\_\_

Guardian Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Work Number \_\_\_\_\_

In the event of an emergency, please contact: Name \_\_\_\_\_  
Number: \_\_\_\_\_

Student's Primary Doctor's name, address, and phone  
Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Insurance Provider \_\_\_\_\_ Group Number \_\_\_\_\_

I, \_\_\_\_\_ give consent to Cripple Creek Athletic Coaches, to allow  
my child(children) \_\_\_\_\_ medical attention in the case of an  
emergency.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

Medical concerns, allergies, and specific information for doctors to know.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_