

**WILLIAMSBURG COMMUNITY SCHOOLS**  
**ATHLETIC EMERGENCY TREATMENT RELEASE FORM**

*(One Per Family – Grades 7-12)*

Student Name: \_\_\_\_\_ M or F Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

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Student Name: \_\_\_\_\_ M or F Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ M or F Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

DOCTOR \_\_\_\_\_ IS TO BE CALLED AT PARENTS EXPENSE IN CASE OF AN EMERGENCY.  
IF IT SHOULD BECOME NECESSARY, TAKE STUDENT TO \_\_\_\_\_ HOSPITAL  
AT \_\_\_\_\_ CITY AT THE PARENTS EXPENSE. WE WOULD TAKE THIS STEP ONLY IF WE COULDN'T CONTACT  
YOU FIRST.

As a parent/guardian, I do hereby give permission to an authorized school official to obtain professional medical attention to my child(ren) listed above which in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

THIS RELEASE FORM IS COMPLETED AND SIGNED OF MY OWN FREE WILL WITH THE SOLE PURPOSE OF AUTHORIZED TREATMENT UNDER EMERGENCY CIRCUMSTANCES IN MY ABSENCE.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**THIS FORM IS GOOD FROM AUGUST 1, 2020 - JULY 31, 2021**