

Western Wisconsin Conference Competition



Participant Medical Release Form

Dancer Name: _____

School Team Name: _____

I, _____ (parent/legal guardian) give my son/daughter/ward permission to participate at the Western Wisconsin Conference Competition on January 17th, 2015. To the best of my knowledge, my son/daughter/ward is in good health and good physical condition and are able to participate. I understand and assume the risks involved in this activity and will not hold liable Eau Claire North High School, or the ECASD, and its affiliates, employees, and administrators, directors, and volunteers in the event of personal injury or death.

I authorize a representative of the event to locate qualified, licensed medical personnel and/or transport said minor to an appropriate medical facility in an event that it may be necessary. I understand that I will be notified as soon as possible in the event of an emergency (via contact information below). My insurance company and I will assume all expenses.

The Western Wisconsin Conference Competition, Eau Claire North Dance Team, Eau Claire Area School District, coaches, staff, and volunteers are NOT responsible for any loss or damage to personal or team property during the event.

Signature of parent/guardian: _____ Date: _____

Parent/guardian phone number: _____

Please indicate another emergency contact:

Name: _____ Relationship: _____ Phone number: _____

Confidential Medical Information

Family Doctor: _____ Phone number: _____

Insurance Company: _____ Policy #: _____

Known Medical Conditions: _____

Is your child presently on medication? If yes, please list medication (s):

Medication Name: Dosage: Frequency: Required or as-needed? Notable side effects: In possession at event?

1.

2.

3.

4.

Drug Sensitive: _____

Other Allergies: _____