

# Cutting Edge Auxiliaries MEDICAL RELEASE FORM

Name \_\_\_\_\_ Age \_ Grade (in fall) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Sec. Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Work/Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
School District \_\_\_\_\_ Director \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_  
Physician Name \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Employer providing insurance \_\_\_\_\_  
Is there a "call before admittance" rule? YES \_\_\_\_\_ NO \_\_\_\_\_  
Date of last tetanus injection: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Are you allergic to any medications? YES \_\_\_\_\_ NO \_\_\_\_\_  
If so, what? \_\_\_\_\_  
Do you have any medical condition that we need to be aware of? \_\_\_\_\_ If so, what?  
\_\_\_\_\_  
\_\_\_\_\_  
Are you presently taking medications? \_\_\_\_\_ If so, what? \_\_\_\_\_

Please mark with an "X" any of the following that you have had:

Headaches \_\_\_\_\_ Cramps \_\_\_\_\_ Abdominal Pain \_\_\_\_\_ Diabete \_\_\_\_\_ Fainting \_\_\_\_\_  
Asthma \_\_\_\_\_ Ear/Sinus \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Tonsillitis \_\_\_\_\_ Measles \_\_\_\_\_  
Pneumonia \_\_\_\_\_ Epilepsy \_\_\_\_\_ Heart Problems \_\_\_\_\_ Other: \_\_\_\_\_

I/We, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_  
hereby grant permission for the CUTTING EDGE to take my child to the local medical  
clinic for treatment in case of illness or injury. I/We authorize any attending physician to  
medically treat the child as deemed appropriate. I/We will be responsible for any cost  
incurred due to illness/injury and understand that Cutting Edge Auxiliaries will NOT be  
held responsible for any cost incurred. Cutting Edge Auxiliaries will notify the contact  
person, and/or the emergency contact person immediately.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date