



Medical Release Form

Wrestlers Full Legal Name: _____
First Middle Last

Insurance Information: _____
Insurance Provider Name Policy Number

Parent / Guardian Name: _____
First Middle Last

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Home Phone Work Phone Cell Phone

Parent / Guardian Name: _____
First Middle Last

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Home Phone Work Phone Cell Phone

Is your child allergic to any medications? Yes No

If yes, please list: _____

Does your child have any medical conditions that might limit his/her abilities? Yes No

If yes, please describe: _____

Is your child currently on any medications? Yes No

If yes, please list: _____

If my child needs medical treatment while participating, be it at practice, at a tournament, or any other time my child is in the care of Riverton USA Wrestling or any of the team's representatives, it is my wish that treatment be started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physicians or other medical personnel believe is needed, on the understanding that efforts will continue to be made to contact me. I accept responsibility for all costs related to such treatment.

Parent / Guardian Signature

Date

Parent / Guardian Name (Printed)

