

**Edmonton Padres High Performance Program  
EMERGENCY TREATMENT RELEASE FORM**

\_\_\_\_\_  
Name of Player

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Age

\_\_\_\_\_  
Date of Birth

**I/WE HEREBY GIVE PERMISSION FOR ANY QUALIFIED HOSPITAL, AND THE DOCTOR(S) DUTY TO TREAT, AND ADMINISTER THE NECESSARY EMERGENCY FIRST AID CARE, INCLUDING SUTURING, TETANUS IMMUNIZATION INJECTIONS, PAIN RELIEVING DRUGS AND X-RAYS, AS MAY BE DEEMED NECESSARY FOR MY MINOR CHILD, OR CHILDREN.**

\_\_\_\_\_  
Mother Signature

\_\_\_\_\_  
Father Signature

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Witness or Notary Signature

Date \_\_\_\_\_

**PARENT PLEASE COMPLETE:**

We have \_\_\_\_\_ Insurance coverage.  
Name of Company

The dates of student's last tetanus booster shots were \_\_\_\_\_

Drug Allergies \_\_\_\_\_

Diabetic \_\_\_\_\_ Epileptic \_\_\_\_\_

All medications being taken are: \_\_\_\_\_

\_\_\_\_\_

Our family doctor is: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parents may be reached by telephone at:

Work \_\_\_\_\_ Home \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
Name and Relationship Phone