

## Emergency Contact Information

Athlete's Name: Little Joe Schroeder Jr.

Phone Number: 555-555-5555 Cell Phone: 555-555-5555

Parents Names: Joseph and Jayne Schroeder

Allergies or Medical Conditions:

Allergic to bee stings.

### Other contact if parents cannot be reached:

Name: Nanna & Papa Schroeder

Phone: 555-555-5555

## Medical Release Form (Medical Consent and Release)

**–Read and sign below**

I certify that my child is in good physical health and has my permission to participate in all the activities associated with Schools Sports Camp.

I authorize the directors of the camp to act in their best judgment in any emergency requiring medical attention. I authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician for my child if I am unable to be reached in an emergency.

I understand that neither School, the camp directors, nor anyone else connected with the camp assumes any responsibility for accidents (medical or dental) or other injuries incurred as a result of attendance at this camp.

I will furnish insurance for my child.

\_\_\_\_\_  
Parent / Legal Guardian Date

\_\_\_\_\_  
Date

**Florida Individual Acknowledgment**  
**F.S. 117.05**

State of Florida

County of \_\_\_\_\_

The foregoing instrument was acknowledged  
before me by means of

Physical Presence

OR

Online Notarization

this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

BY

\_\_\_\_\_  
*Name of Person Acknowledging*

who

is personally known to me

OR

has produced identification

\_\_\_\_\_  
*Type of Identification*

*Notary Stamp Above*

\_\_\_\_\_  
Notary Public - State of Florida - *Signature*

\_\_\_\_\_  
Notary Public - State of Florida - *Printed Name*

Commission No. \_\_\_\_\_