

**Illinois Track & Cross Country Coaches Association
Treatment Authorization for Minors**

SS# _____ Student's Name _____
Print

Treatment Authorization for Minors

I authorize the trainer or a qualified and licensed medical doctor to administer immediate or emergency medical treatment to: _____.

Student's Name

If any unforeseen condition shall arise calling on the judgment of the physician or the designee, I shall request and authorize the physician/nurse or medical designee to do what is advisable provided an immediate effort is made to contact me.

1. Specific medical allergies, chronic illness, or other conditions.

2. Injuries and/or operations during the past year?

3. Has student's physical activity been restricted during the past year?

4. Does student take any medication? **yes / no** (circle one)

If yes, list medications and if student will need take them during In Zone hours?

Does Student have any adverse reactions to any drugs? **yes / no** (circle one)

If yes, list reactions to drugs and its side effects

Parent/Guardian _____

Home Address _____

Street

City/State

Zip Code

Home Phone Number (____) _____ Work Phone Number (____) _____

Emergency Contact's Name _____ Contact's Phone Number (____) _____

Physician's Name _____ Physician's Phone Number (____) _____

Signature: _____ **Date:** _____

Parent/Guardian

RELEASE AND HOLD HARMLESS AGREEMENT

Please read this form carefully and be aware that in having your child registered and participating in this program, you will be waiving and releasing all claims for injuries your child might sustain arising out of this program. As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which my child may sustain as a result of participating in any and all activities with or associated with such program. I agree to waive and relinquish all claims I may have as a result of my child participating in the program against Illinois Track & Cross Country Coaches Association and its coaches, officers, representatives and agents. I do hereby release and discharge Illinois Track & Cross Country Coaches Association and its coaches, officers representatives and agents, from any and all claims from injuries, damage or loss which my child may have or which may accrue to me on account of my participation in the program. I further agree to indemnify and hold harmless and defend Illinois Track & Cross Country Coaches Association, and its officers, coaches, representatives, and agents from any and all claims resulting from injuries, damages and losses sustained by my child and arising out of, connected with, or in any way associated with the activities of the program. In the event of any emergency, I authorize Illinois Track & Cross Country Coaches Association officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my child's immediate care, and I agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Program Details and Waiver and Release of all Claims.

Signature _____ Date _____
Parent/Guardian
