

MEDICAL AND LEGAL AUTHORIZATION AND RELEASE
Sandhills Sandsharks

We, _____, hereby authorize the Coach or Coaches of
(Parents' names)

the Austin Texas trip to obtain whatever medical or dental care, including hospitalization and surgery, or legal assistance that is deemed necessary in the event of injury or illness or other emergency involving our child, _____ during the period of
March 3-7, 2010 (Student's name)

Date

Parent's Signature

EMERGENCY TELEPHONE NUMBERS:

Home: _____ E-mail _____

Office: _____ (Father) Cell: _____

Office: _____ (Mother) Cell: _____

Other: _____ Fax _____

Insurance Company: _____

Insurance Policy Number: _____

My child has the following medical conditions or allergies:

