



**FRISCO**  
INDEPENDENT SCHOOL DISTRICT

## Cheer / Mascot Medical Release Form

To be turned in Before Tryouts

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

I certify that \_\_\_\_\_ is physically capable and able to fulfill the requirements needed to be a Cheerleading / Mascot member. I understand that this form legally releases all obligations and responsibilities for the medical treatment of my daughter/son in the event of illness or injury during any squad-related activity when a/either parent cannot be reached. If there is any physical or medical reason why she/he should not participate fully, the school requires a doctor's release. Furthermore, the school is not liable for any injury incurred during participation as a Cheerleader or Mascot.

Parent(s) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### MEDICAL TREATMENT PERMISSION FORM

In the event of an emergency occurring while my daughter/son is on a school-coached practice, performance, or trip, I grant my permission to the school and its employees to take whatever action is necessary. If I cannot be reached, I hereby authorize the school and/or its employees to give consent for my daughter/son, to receive medical treatment.

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person to be notified other than parent or guardian in an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

☐ I do not grant permission/authorization for consent to medical treatment.

What procedure should be followed? \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Medical Information

Heart condition or disease  
Diabetes  
Convulsions disorder

#### Circle one

Yes No  
Yes No  
Yes No

Asthma  
Allergic to medication  
Allergic to insect stings

#### Circle one

Yes No  
Yes No  
Yes No

State allergies: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Additional medical information that might be helpful: \_\_\_\_\_

Any medications currently receiving: \_\_\_\_\_