

**Duxbury Dragons Football and Cheer  
Medical Release Form**  
(Staff must have this on site at all times)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Street: \_\_\_\_\_ Town: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell(Optional): \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Emergency #: \_\_\_\_\_  
Parent Email Address \_\_\_\_\_  
Student Email Address \_\_\_\_\_

**Medical Information**

Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Primary Medical Insurance Carrier \_\_\_\_\_  
Name of Insured \_\_\_\_\_ Policy # \_\_\_\_\_  
List medical conditions if any: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Dietary Restrictions: \_\_\_\_\_

I waive and release CHEER STAFF from all liability from injury and illness. I, as parent/guardian, have actual knowledge and appreciation of the particulars of the CHEER STAFF program and hereby voluntarily consent to said minor's participation, and assume all risk arising there from. I hereby give my permission for emergency medical treatment in the event I can not be reached. I hereby authorize any medical treatment that may be advised or recommended by a qualified physician.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_