

**SPORTS MEDICAL FORM**  
**Brentwood Middle School**

**5324 Murray Lane      PHONE: 615-472-4251**  
**Brentwood, TN 37027      FAX: 615-472-4263**

**I. PHYSICIAN'S CERTIFICATE**

I hereby certify that (student's name) \_\_\_\_\_ has been examined by me and found to be physically fit to engage in all school athletics for the 2009-2010 school year.

Remarks: \_\_\_\_\_  
Date(MUST BE ON OR AFTER JUNE 1) \_\_\_\_\_  
Physician's Signature: \_\_\_\_\_

**II. EMERGENCY TREATMENT & PARENT'S CONSENT**

Since the malpractice question has come to the forefront, many hospitals and doctors will not treat a child without parental consent (unless a matter of life or death). It is requested that you complete the information below so that if your child requires a visit to the hospital while under the supervision of the school, this will allow the hospital to treat the injury.

**EMERGENCY INFORMATION**

Name: \_\_\_\_\_ Sport(s): \_\_\_\_\_  
Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_  
Parents Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Father's SS# \_\_\_\_\_ Mother's SS# \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Insurance Name: \_\_\_\_\_  
Policy and Group Numbers: \_\_\_\_\_  
ALLERGIES: \_\_\_\_\_

I give my consent for (student's name) \_\_\_\_\_ to represent BRENTWOOD MIDDLE SCHOOL in school sponsored athletics. I release BRENTWOOD MIDDLE SCHOOL, its coaches, sponsors and employees from any liability for damage and injury to the above named individual and hereby accept the full responsibility for any and all damage or injury sustained as a result of participation in any sport or extracurricular activity.

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