



GGA Athletics
Medical Release Form

As a parent or legal guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. I do hereby release Girls Global Academy, Girls Global Academy Athletics, and their staff from any liability.

Name of minor _____ Date of Birth _____

Relationship _____ Date of last Tetanus Booster _____

This release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Phone (h) _____ (w) _____ (c) _____

Family Physician _____ Phone _____

Insurance Carrier _____ Policy Number _____

Emergency Contact (if parent/guardian is unreachable):

Name _____ Relationship _____

Phone (h) _____ (w) _____ (c) _____