



## Parental/Legal Guardian Release & Medical Consent and Release

**PARTICIPANT'S NAME:** \_\_\_\_\_

**PHONE: (HOME)** \_\_\_\_\_ **(OTHER):** \_\_\_\_\_

Because of the nature of the SCTP, coaches are in direct contact with participants. Information is often distributed to participants at practices and it is not always possible to get all information to participants during practice. Sometimes it becomes necessary for a coach to get information to SCTP participants outside of scheduled practices and events.

- I, as parent or guardian will permit SCTP coaches to contact my SCTP participant directly in order to give additional information to them regarding SCTP.
- I do not permit SCTP coaches to contact my SCTP participant directly in order to give additional information to them regarding SCTP. This information must instead be given to me as parent or guardian, at the following contact:

Name: \_\_\_\_\_ Contact Method: \_\_\_\_\_

Emergency Medical Information	
Regular Medication Required:	_____
Types of activities prohibited due to physical limitations:	_____
List any chronic ailments:	_____
Allergies (food, drug, insect, etc.):	_____
Immunizations: <i>Mumps:</i> yes / no <i>Measles:</i> yes / no <i>Tetanus:</i> yes / no <i>Other:</i> yes / no	_____
Any additional information coaches should be aware of in case of a medical emergency:	_____ _____ _____
Emergency Contact:	_____
NAME	( )
ADDRESS	PHONE

I hereby give permission to any Arizona Game and Fish Certified Coach, Lead Instructor or employee to seek emergency medical attention in the event of accident or illness and release the Arizona Game and Fish Department from liability for accidents and/or illness. This certifies that my child has no chronic ailments, and is physically able to participate in all activities involved in the AZGFD event. I also give permission for an official AZGFD representative to seek emergency medical attention in the event of accident or illness.

I as parent or guardian reserve the right at any time to complete a new form changing my above stated contact decision.

\_\_\_\_\_  
Parent/Legal Guardian Signature (s) Date