

Conroe Independent School District

Medical Release for Try-Outs
(For cheerleading and drill team use only)

Student's name: _____

Date of Birth: _____ Sex: _____ Student ID Number: _____

School: _____ Grade: _____ Home Phone: _____

Student's address: _____

Father's Name: _____ Employer: _____

Father's Cell: _____ Work Phone: _____

Mother's Name: _____ Employer: _____

Mother's Cell: _____ Work Phone: _____

Family Physician: _____ Office Number: _____

Emergency contact in case parent/guardian cannot be reached:

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Medical History

Does your child have a previous history of: **Yes No**

Bone/joint injury or disease?.....

Neck injury?.....

Being unconscious/knocked out?.....

Seizures/convulsions?.....

Frequent headaches?.....

Bleeding/blood disorders?.....

Heat illness?.....

Allergies (seasonal, insects)?.....

Allergies (medication)?.....

Heart disease?.....

High blood pressure?.....

Heart murmur?.....

Viral infection (mono)?.....

Eye/vision problems?.....

Missing/non-functioning limb?.....

Asthma?.....

Emotional disturbances?.....

Take medication?.....

Had surgery in the past year?.....

Currently under physicians care?.....

Wearing contacts/glasses?.....

Insurance Information

Insured's Name: _____

Insurance Company: _____

Group #: _____

Policy #: _____

PPO or HMO: _____

Explain all yes answers:

I hereby understand that this form is for tryout use only and once tryouts are over I must have a complete physical on file in the training room to participate with the squad.

If in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to the said student by any physician, athletic trainer, nurse, hospital, or school representative: and I do hereby indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

Note: You will not be covered by the Conroe ISD insurance plan during tryouts. Any injury that occurs will be the responsibility of the parent/guardian.

Student's signature: _____ Date: _____

Parent's/Guardian's signature: _____ Date: _____