

**University of Mount Union  
Spirit Squad Medical Release**

In the event of illness or injury, I, the parent or legal guardian of the minor, \_\_\_\_\_, authorize the University of Mount Union personnel to transport my child to a medical facility and to give permission for my child to be treated by medical personnel.

I also authorize the University of Mount Union and its employees to contact the following emergency contact person in the event of any such emergency.

**Emergency Contact 1:**

Name: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Emergency Contact 2:**

Name: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Participant Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Allergies (medical, food, environmental): \_\_\_\_\_

Any Medical Condition: \_\_\_\_\_

Medications you are taking: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone Number: (     )     -     \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_

Name of Insured Member: \_\_\_\_\_

Group # : \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signed at \_\_\_\_\_, \_\_\_\_\_ [city, state], this \_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Print Name [or Parent or Guardian Name if under 18]

\_\_\_\_\_  
Signature [or Parent or Guardian Name if under 18]