

# Odyssey of the Mind - Texas



## Medical Release Form

**Coaches: One form should be completed and signed for each team members. Please keep the Medical Release forms with the person responsible for the team. In case of an emergency, the responsible adult should have a release form for each member of the team. You must show these forms at Registration.**

Team membership number: \_\_\_\_\_

Problem and Division: \_\_\_\_\_

Coach: \_\_\_\_\_

Team member name: \_\_\_\_\_ (CHILD)

Team member's legal guardian or parents: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Other Phone number we can contact you on day of tournament: \_\_\_\_\_

Do you plan to be at the Competition? Y N

In the event of an emergency, and in our absence where we cannot be immediately located, I (we) give permission to have our child treated by a licensed physician. We also agree to be financially responsible for all expenses associated with providing medical care for our child. Medical treatment includes transportation for our child by emergency vehicle to an appropriate health care facility and pre-hospital medical care, all hospital medical care, all hospital physician services whether medical, surgical, and/or dental necessary for the benefit, safety, and well-being of our child. I (we) will not hold Texas Odyssey, its affiliates, members, competition sites or directors responsible or liable as a result of this action.

**My child is Allergic to the following:** \_\_\_\_\_

\_\_\_\_\_

(Please list additional pertinent information on back of form)

\_\_\_\_\_  
(legal guardian/father)

\_\_\_\_\_  
(legal guardian/mother)

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

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