

**Continental Divide Challenge Tournament
Medical Release Form**

Chaperones must keep this signed and completed form in their possession throughout the tournament.

Date this form is being completed: _____

Student Name: _____

Date of Birth and Age: _____

Parent or Legal Guardian Name(s): _____

Parent or Legal Guardian phone numbers: _____

Chaperone Name: _____

Emergency Contact: _____

Medical Insurance: Bring the medical insurance card or a copy (both sides) of the student with you.

List any information that would be helpful should the chaperone need to seek medical assistance:

List any medications the student is taking at this time: _____

List any allergies to food, medication, environment, insects, etc: _____

Describe the reaction: _____

What protocol is to be followed if the student should come in contact with an allergen?

_____ has my permission to sign for/ administer any medical treatment they deem necessary for my child, _____ while in their care between _____, 20__ and _____, 20__.

Parent or Legal Guardian Signature _____

Date _____