

VELOS
MEDICAL RELEASE

STUDENT'S NAME(S) PRINTED:

MEDICAL RELEASE & OTC MEDICATION RELEASE

As a parent and/or guardian, I do herewith authorize treatment under the direction of any licensed physician of the above-mentioned minor(s) in case of a medical emergency, which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by all phone numbers listed in my account.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases Velos Organization from any liability thereof.

This release form is completed and signed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

OVER-THE-COUNTER MEDICATION/EO RELEASE (CHECK ONE)

_____ I, being the parent/guardian of my athlete(s), hereby give permission to the coaches/program manager/staff of Velos to administer over-the-counter medications such as Ibuprofen or Acetaminophen or essential oil (EO) such as Lavender or Peppermint. These medications/oils will only be given out when requested by the athlete(s).

_____ No, I do not want my athlete(s) to receive any medications/oils from Velos Organization staff.

(Parent/Legal Guardian Signature)

(Print Name)

Date Signed: _____

(Participant Signature - if 18 or older)

(Print Name)

Date Signed: _____