



**AUAA—Athlete’s Unite Against Adversity  
MEDICAL RESPONSE RELEASE**

*Athletes Unite Against Adversity will respond to any urgent medical issue that your child may have while participating in an AUAA meeting or special event by contacting 911. Please provide the information below so that AUAA can contact you in the event of a medical emergency.*

Child’s Name:		
Date of birth:	Age:	Home phone:
E-mail:	Ethnicity/Race:	
Current address:		
City:	State:	ZIP code:
Name of Guardian/Mother:		
Work/Home phone:	Cell phone:	
Mother’s general work hours:	Father’s general work hours:	
Name of Guardian/Father:		
Work phone:	Cell phone:	
Name of Health Insurance:		
ID/Policy/Group:		
Name of Physician:	Phone:	
Name of any prescribed medication:		

**Emergency Contact**

Provide the name of the person to contact if we are unable to reach you.	
Name:	Relationship:
Current address:	
Home/Work phone:	Cell phone:

Please explain any health issues including the following: Asthma, Heart Trouble, Swimming or Sports Restrictions, Insect or other Allergies (including food, lotions and medicine), Diabetes, Emotional or Behavioral Problems, Recent Illness or Injuries, Present Medical Treatment, Current Medications, or other:

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If your child experiences a medical emergency during an AUAA event, staff or volunteer mentors will take the following actions:

- Call 911.
- Call parent/guardian with information about the situation. (If we are unable to reach you, we will call your designated emergency contact person)

\_\_\_\_ Yes, I grant permission for my child to participate in the AUAA program in all AUAA activities. I agree to release Athletes Unite Against Adversity from liability.

**Parent/Guardian Signature:** \_\_\_\_\_

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