



CLARKSVILLE HIGH SCHOOL
ATHLETIC DEPARTMENT

MEDICAL RELEASE FORM

In case of a medical emergency, I give permission to the Clarksville Coaching Staff to seek medical assistance for my child. I understand that I am financially responsible for my student's medical expenses.

Athlete's Name (Print)

Parent's/Guardian's Signature

*The Clarksville School District **does not** carry a secondary insurance policy on all student athletes.