



Utah Academic Decathlon

Medical Release Form

I, the parent/guardian of _____, give
(Student)

_____ or _____
(Coach) (Coach)

from _____ authority to act in my
(High School)

behalf in the event that medical assistance is needed during

the dates of _____ to _____.

Our medical insurance company is _____.

The policy number is _____.

Parent/Guardian Signature _____.

Date _____.