

Medical Release
Pewitt CISD

Our son/daughter _____ has our
permission to participate in _____.

He/She has discussed the event with us and has assured us that he/she will act in accordance with the
board policies of Pewitt CISD.

We understand that in case there is an accident of any kind, no teacher or sponsor employed by
Pewitt CISD will be held responsible.

We have read the above and understand it fully.

Signed _____ Date _____

Physician's name _____

Medical Insurance number _____

And title _____

In case of emergency, contact _____

Phone number _____