

School \_\_\_\_\_

**MICHIGAN LEAGUE OF ACADEMIC GAMES**  
**ADULT MEDICAL RELEASE FORM FOR SUPER TOURNAMENT XXXVIII**

I hereby give my permission, if it should become necessary, for a representative of the Michigan League of Academic Games, Executive Committee, to authorize medical attention for myself in case of sickness or injury, in which I am unable to verbally give permission at the Michigan League of Academic Games Super Tournament, March 7-9, 2012 or March 14-16, 2012 in the Grand Rapids Crowne Plaza Hotel.

**MEDICAL INFORMATION—please print clearly—use black or blue ink**

**Full Name** \_\_\_\_\_

**Home Telephone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Other** \_\_\_\_\_

**In Case of Emergency Notify** \_\_\_\_\_

**Relationship** \_\_\_\_\_ **Home Telephone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**List Allergies/Asthma/other conditions** \_\_\_\_\_

**Allergies to Medicine** \_\_\_\_\_

**Current Medication** \_\_\_\_\_

**Name of Doctor** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Medical Insurance and Company** \_\_\_\_\_

**Health Card Number (or attach a photo copy)** \_\_\_\_\_

I will not hold the Michigan League of Academic Games or any of its representatives responsible for any accident or loss which might be sustained.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Home Address**

\_\_\_\_\_  
**City/Zip**