

OXFORD HIGH SCHOOL
222 Bramlett Boulevard
Oxford, MS 38655

ATHLETIC DEPARTMENT
MEDICAL AND EMERGENCY WAIVER FORM

Having given _____
permission to participate in Athletics in the Oxford School District, I assume
all medical responsibility in the event of an injury incurred by my child. I also
authorize the responsible athletic supervisor or sponsor to obtain, through a
physician of his choice, any emergency medical care that may become necessary
for the athlete in the course of such athletic activities or such travel.

Having read the above statement, by my signature, I relieve the Oxford School
District and all personnel involved of all medical and emergency medical
responsibilities. I further understand that unless this form is completed and
returned to the Athletic Director, my child will not be allowed to participate in
athletics in the Oxford School District.

Signed: _____
(Parent or Guardian)

Date: _____

Signed: _____
(Athletic Director)