



## **MEDICAL RELEASE FORM**

**Please print all information except signature**

I, \_\_\_\_\_ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child \_\_\_\_\_ (Child's Name) In the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE #: \_\_\_\_\_

INSURANCE COMP: \_\_\_\_\_ POLICY #: \_\_\_\_\_

In case I cannot be reached, any of the following persons is designated to act on my behalf.

\* COACH: \_\_\_\_\_ \*ASST COACH: \_\_\_\_\_

\* MANAGER(S): \_\_\_\_\_

\* A league representative where my child is playing.

\* Any tournament representative where my child is participating in a tournament

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

KNOWN ALLERGIES: \_\_\_\_\_

Should the coach or team manager be made aware of any other existing medical condition(s)? If so, please list below.

\_\_\_\_\_  
SIGNATURE (PARENT/GUARDIAN) \_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and sworn before me,

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public