

Medical Release Form

To Whom it may Concern:

This is to certify that I, we, parents(s) or guardian(s) of

(name-please print)

date of birth

hereby state, that in case of emergency, if the family physician cannot be reached, that I (we) authorize the adult manager, coach, or league officials, permission to obtain medical care and treatment by another qualified licensed physician, hospital, EMS or medical clinic for the player named above. This authorization shall include all team activities, including the period required to travel to and from those activities.

Signed: _____ Relation: _____

Phone: (Work) _____ Home: _____

Signed: _____ Relation: _____

Phone: (work) _____ Home: _____

Family Physician: _____ Phone: _____

street address

city

zip

Allergies: _____

Date of last tetanus booster: _____

Insurance Company: _____

Policy number: _____ Other I.D. _____