



Child's Gender _____
Child's Year of birth _____

Medical Release Form

(Child's Name) _____ has been given permission by (Parent /Guardian's name) _____ for any and all medical attention to be administered to him/her. 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.

Home Address: _____

Home Phone # _____ Cell Phone # _____

E-mail address: _____

Insurance Company Name: _____

Policy Number: _____

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

- IAFC Coach
- IAFC Asst. Coach
- IAFC Team Manager
- League or Tournament representative where my child is playing.

Physician Name: _____

Physician Address: _____

Physician Phone #: _____

Known Allergies: _____

Signature (Parent/Guardian) _____ Date ____ / ____ / ____