



Komets Soccer Club

2019-2020 Academy/Travel Soccer Medical Release Form

As the parent/legal guardian of _____, I request that in my absence the above-named player be admitted to any hospital facility for diagnoses and/or treatment. I request and authorize physicians, dentists and staff duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of the examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Player Information:

Player's Full Name (Last, First, MI): _____

Player's Date of Birth: ____/____/____
____/____

Date of Last Tetanus Booster: ____/____/____

Any known allergies, including to medicine: _____

Noteworthy medical problems or history: _____

Name of Parent/Guardian: _____

Address: _____ City/State/Zip: _____

Best Phone: (____)____-_____
(____)____-_____

Alternate Phone: _____

Responsible for charges (if different than Parent/Guardian): _____

Address: _____ City/State/Zip: _____

Best Phone: (____)____-_____
(____)____-_____

Alternate Phone: _____

Additional Emergency Contact: _____ Relationship: _____

Best Phone: (____)____-_____
(____)____-_____

Alternate Phone:

Medical Care/Insurance Information (required)

Primary Care Physician: _____ Phone: (____)____-_____

Insurance Provider: _____ Policy Number:

PARENT SIGNATURE: _____ **DATE:** _____