



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 _____