



**Metro Development League**  
**Medical Release Form**

I, the parent or legal guardian of, \_\_\_\_\_, hereby give permission for any coach, team manager, or other team official or parent of my child's soccer team, Metro Development League, to obtain whatever medical attention may be necessary in case of injury or illness to my above-named child.

Child's physician: \_\_\_\_\_

Physician's address: \_\_\_\_\_

Physician's phone: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Insurance policy no.: \_\_\_\_\_

Emergency phone no.: \_\_\_\_\_

Child's date of birth: // Date of last tetanus shot: / \_/\_\_\_

Pre-existing medical conditions or allergies to medications: \_\_\_\_\_

Your Name (print): \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_