

South Dakota State Soccer Association

Affiliated with USYSA and USSF

Medical Release

I hereby give my permission for any and all medical attention necessary to be administered to my child, _____ in the event of an accident, injury, sickness, etc. under the direction of the person(s) listed below, until such time as I may be contacted. This release is effective for a period of one year from the date given below. I also hereby assume the responsibility for payment of any such treatment.

My address is: _____

Phone Numbers: Home _____ Work _____

My insurance company is: _____

through _____

My policy number is: _____

In case I cannot be reached, either of the following is designated:

Coach: _____
(name, area code, telephone number/s)

Assistant Coach: _____
(name, area code, telephone number/s)

Our physician is: _____
(name, area code, telephone number/s)

Known allergies: _____

Signed: _____
(Parent)

Date: _____