



# SCENIC CITY FOOTBALL LEAGUE



## Medical Release Form

(Please Print or Type)

ALL TOURNAMENT OR TRAVELING TEAMS ARE REQUIRED TO HAVE THIS FORM FOR EACH PLAYER. FORM MUST BE CARRIED WITH TEAM MANAGER AT ALL TIMES.

NAME \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

LIST ANY ALLERGIES \_\_\_\_\_

REQUIRED MEDICATIONS \_\_\_\_\_

\_\_\_\_\_ BLOOD TYPE \_\_\_\_\_

### EMERGENCY TELEPHONE NUMBERS

| # | Contact's Name | Relationship | Day Phone# | Night Phone# |
|---|----------------|--------------|------------|--------------|
| 1 |                |              |            |              |
| 2 |                |              |            |              |
| 3 |                |              |            |              |

In Case of illness or accident, I hereby authorize a representative of Scenic City Football League to use his/her own judgment in obtaining immediate medical care if a parent or legal guardian cannot be contacted.

\_\_\_\_\_  
PARENT /GUARDIAN S SIGNATURE

\_\_\_\_\_  
DATE

Note: Leagues should duplicate this form as needed.