

**TALLAHASSEE UNITED FUTBOL CLUB**  
**MEDICAL RELEASE FORM**

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:	
Home Phone:	
Insurance Co:	
Policy Number:	

In case I cannot be reached, any of the following persons is designated to act on my behalf:

Coach:	
Assistant Coach:	
Team Manager:	
A league representative where my child is playing	
Any tournament representative where my child is participating in a tournament.	

**Medical Information**

Physician:	
Address:	
Phone:	
Known Allergies:	

Signature (parent/guardian) \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn before me,  
 this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_

\_\_\_\_\_  
 Notary Public