



## MEDICAL RELEASE

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 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 \_\_\_\_\_

Allergies \_\_\_\_\_

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

Subscribed and sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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