

# YOUTH SOCCER MEDICAL RELEASE

I hereby give my permission for any and all medical attention necessary to be administered to my child,

(Name) \_\_\_\_\_ 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. I also hereby assume the responsibility for payment of such treatment.

## PARENT/GUARDIAN

MY NAME IS: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

MY ADDRESS IS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

MY INSURANCE COMPANY IS: \_\_\_\_\_

MY POLICY NUMBER IS: \_\_\_\_\_

## PLAYER INFORMATION

DATE OF BIRTH \_\_\_\_\_ DATE OF LAST TETANUS BOOSTER \_\_\_\_\_

KNOWN ALLERGIES: \_\_\_\_\_

OTHER MEDICAL INFO: \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

## **IN CASE I CANNOT BE REACHED, THE FOLLOWING ARE DESIGNATED:**

COACH: \_\_\_\_\_ PHONE: \_\_\_\_\_

COACH: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

SIGNED: \_\_\_\_\_  
(PARENT OR GUARDIAN)

PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Subscribed and sworn before me on

the \_\_\_\_\_ day of \_\_\_\_\_, 2005.

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