

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: _____