

Medical Release

I hereby give 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 person(s) listed below, until such time as I may be contacted. This release is in effect for one year from the date given below. I also hereby assume responsibility for the payment of any such treatment.

My address is: _____

Home Phone: _____ Work Phone: _____

My insurance company is: _____

My policy number is: _____

In case I cannot be reached, I hereby designate either of the following persons to act on my behalf:

Coach: _____ Phone: _____

Asst Coach/Manager: _____ Phone: _____

Our Family Physician: _____

Address: _____ Phone: _____

Known Allergies: _____

Any other medical information that we should be aware of: _____

Signature of Parent or Guardian: _____

Date: _____

Subscribed and sworn by me this _____ day of _____ 19____

Notary Public _____

My commission expires: _____