

MEDICAL RELEASE

Name _____ **Birthdate** _____ **Home Phone** _____

Address _____ **City/Zip** _____ **CellPhone** _____

Mother's Name: _____ **Day/Work Phone** _____

Father's Name: _____ **Day/Work Phone** _____

Emergency Phone Number _____ **Name** _____

Emergency Phone Number _____ **Name** _____

As a parent and/or guardian of _____, a minor, I herewith authorize treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger her life, cause disfigurement, physical impairment or undue discomfort if delayed. The authority is granted only after reasonable effort has been made to reach me.

Family Physician _____ **Phone:** _____

Specific Medical Allergies, Chronic Illness or other Medical Conditions of which the staff should be aware:

Does the player wear eyeglasses? _____ Contact lenses? _____

The release form is signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Insurance Company/Group# and CERT#:

Signature: _____ **Date** _____

Parent or Guardian