

MEDICAL RELEASE

PLAYER'S NAME: _____ DATE OF BIRTH: _____

TEAM NAME: _____ COACH: _____

PARENT OR GUARDIAN: In case of an emergency, if I, or the family physician, cannot be reached, I hereby authorize my child to be treated by emergency personnel such as an EMT, First Responder, Physician.

Family Physician: _____ Phone: _____

Address: _____ City/Town: _____

Hospital Preference: _____

Emergency contact: _____ Relationship to player: _____

Phone :(Home) _____ (work) _____ (cell) _____

Emergency contact: _____ Relationship to player: _____

Phone :(Home) _____ (work) _____ (cell) _____

Please list any allergies/medical history that requires medication:

MEDICAL DIAGNOSIS	MEDICATION DOSAGE	FREQUENCY OF DOSES
_____	_____	_____
_____	_____	_____
_____	_____	_____

ALLERGIES: _____

DATES OF LAST TETANUS SHOT _____

Mr./ Mrs.Ms. _____ Date: _____

Parent/Legal Guardian Signature

