

# ALLIED SPORTS of VIRGINIA

## MEDICAL RELEASE FORM

PLEASE PRINT: I hereby give my permission for my child (full name) \_\_\_\_\_ to participate in the ALLIED FIELD HOCKEY FESTIVAL TOURNAMENT hosted by Allied Field Hockey and play all games for his/her team. I further give my permission for any and all medical attention necessary to be administered to my child 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. This release is in effect for the ALLIED FIELD HOCKEY FESTIVAL TOURNAMENT being held on \_\_\_\_\_, 20\_\_\_\_. I also hereby assume the responsibility for the payment of any such treatment.

PARENT'S NAME: \_\_\_\_\_

PARENT'S ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOTHER'S WORK PHONE: \_\_\_\_\_ FATHER'S WORK PHONE: \_\_\_\_\_

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

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

In case I cannot be reached, either of the following is my designated representative:

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

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

OTHER: \_\_\_\_\_ PHONE: \_\_\_\_\_

OUR FAMILY PHYSICIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

KNOWN ALLERGIES OR OTHER MEDICAL CONCERNS: \_\_\_\_\_

DATE OF LAST TETANUS SHOT: \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

Please notify the following person if you are unable to locate me:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

