



Release Form for Medical and/or Hospital Treatment

PLEASE PRINT

Player's Name _____

PARENT OR GUARDIAN AUTHORIZATION - EMERGENCY MEDICAL INFORMATION

Permission is hereby granted in an emergency (when I cannot be located) to provide first aid at the scene or to take my child to an emergency room of any hospital. Permission is also granted for emergency personnel, and the hospital and its staff to provide treatment that a physician may prescribe for the well being of my child.

Family Physician _____ Phone () _____

Insurance Company _____ Insurance # _____

IN CASE OF EMERGENCY PLEASE CONTACT:

Name _____ Phone _____ Relationship to player _____

Name _____ Phone _____ Relationship to Player _____

Please list any allergies/medical problems, including those requiring maintenance medications.

Known Allergies _____

Epilepsy/Seizures _____

Diabetes _____

Asthma _____ Bee Sting sensitivity _____

Relevant Medical/Surgical History _____

Daily Medication (name of drug and frequency)

Other conditions _____

DECLARATION

I assume responsibility for any medical bills, which may be incurred. I further release TVYLL, and/or their representatives, from responsibility for any problems that might arise as a result of medical care and or treatment.

Parent/Guardian Name | Print Parent/Guardian Signature Date

