

# 2009-2010 MEDICAL RELEASE FORM

I, \_\_\_\_\_ hereby give permission for any and all medical attention to be  
(Print Parent/Guardian's Name)

administered to my child \_\_\_\_\_ In the event of an accident, injury, sickness, etc., under  
(Print Child's Name)  
the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the  
payment of any such treatment.

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

HOME PHONE: \_\_\_\_\_ CELL PHONE: (1) \_\_\_\_\_ CELL PHONE: (2) \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ GOUP NUMBER: \_\_\_\_\_

In case I cannot be reached, any of the following persons is designated to act on my behalf.

\* COACH: \_\_\_\_\_

\* ASST.COACH: \_\_\_\_\_

\* MANAGER: \_\_\_\_\_

\* A league representative where my child is playing.

\* Any tournament representative where my child is participating in a tournament

PHYSICIAN: \_\_\_\_\_

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

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

KNOWN ALLERGIES: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

SIGNATURE (PARENT/GUARDIAN) \_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and sworn before me,

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public