

MEDICAL RELEASE FORM

Coach's copy - to be carried by coach to all games and practices.

Player's Name _____ Home Phone _____
Address _____ City/Zip _____
Parent/Guardian Name _____ Relationship _____
Parent/Guardian Address _____ City/Zip _____
Parent/Guardian Home Phone _____ Work Phone _____
Parent/Guardian Home Phone _____ Work Phone _____
Person To Notify In Case of Emergency _____
Home Phone _____ Work Phone _____
Doctor To Notify In Emergency _____ Phone _____
Hospital Preference, if any _____ City _____

List Any Medical Problems Or Conditions Player Has (include allergies and medications currently taking)

Family Insurance Information:

Insurance Company _____ Child's Birth Date _____
Address _____ City/State/Zip _____
Subscriber Name _____ Do You Have A Dental Program _____
Subscriber Number _____ Group Number _____
Subscriber Address _____ City/Zip _____

I hereby give my consent for all medical care prescribed by a duly licensed Doctor of Medicine for the above minor as his/her parent or legal guardian. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. To the best of the undersigned's knowledge, all of the above information is true and accurate.

Signed _____ Date _____