

Medical Release Form

Player's Name: _____

Parent/Guardian Name: _____

Address: _____

Phone Number(s): _____

Emergency Contact:

Name: _____

Relationship: _____

Phone Number: _____

Physician:

Name: _____

Address: _____

Phone Number: _____

Known Medical Conditions, including Allergies: _____

In the event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission for any and all medical attention to be administered to my child until such time as I can be contacted.

Signature: _____ Date: _____