Boilers FC Medical Release

Player Name: _____   DOB: _____

Address: _____

Mom's Name: _____   Phone: _____   Mobile: _____

Dad's Name: _____   Phone: _____   Mobile: _____

Home Phone: _____   Date of last tetanus booster: _____

Doctor: _____   Doctor's Phone: _____

Dentist: _____   Dentist's Phone _____

Insurance Co: _____   Policy Number: _____

Allergies: _____

Medications: _____

Any other medical conditions which should be noted: _____

As the parent/legal guardian of _____ I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment in the event of an accident, injury, sickness or other medical emergency. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

This instrument of consent to authorize medical attention shall be in effect as of the date given below. This shall remain in force only until such time as I am contacted and able to assume such responsibility for the care of my child. I will be responsible for any and all fees and/or costs incurred as a result of this authorization.

In signing this document, I also understand that any and all personnel associated with Boilers FC or GLRSA shall not be held liable for any injury whatsoever my child may sustain in the activities thereof.

In the event that I cannot be reached, or in my absence, I have designated the following individual(s) to make the necessary decisions on my behalf:

Name: _____   Phone: _____

Relationship: _____   Mobile Phone: _____

Name: _____   Phone: _____

Relationship: _____   Mobile Phone: _____

Parent or Guardian Signature: _____   Date: _____