

This form must be completed for each soccer coach/participant under 18-years of age.

MEDICAL RELEASE FORM

PARTICIPANT'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____

BIRTHDATE: _____ GENDER: _____

DATE OF MOST RECENT TETANUS SHOT: _____

ANY KNOWN ALLERGIES (especially to medications): _____

MEDICAL CONDITIONS: _____

PRIMARY MEDICAL INSURANCE COMPANY: _____

POLICY NUMBER: _____ GROUP OR TYPE NUMBER: _____

PARTICIPANT'S PRIMARY PHYSICIAN'S NAME: _____

PHYSICIAN'S PHONE NUMBER: _____

PARENT OR LEGAL GUARDIAN NAME: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

IN MY ABSENCE, ANY ONE OF THE FOLLOWING PEOPLE, IN THE ORDER IDENTIFIED BELOW, IS HEREBY DESIGNATED TO ACT ON MY BEHALF:

1. SECONDARY CONTACT NAME: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

2. INSTRUCTOR: _____
3. A REPRESENTATIVE OF THE ORGANIZATION WHERE MY CHILD IS PLAYING
4. A REPRESENTATIVE OF THE COURSE WHERE MY CHILD IS PLAYING

In my absence, I hereby give my consent and permission for medical transportation and to have a paramedic and/or duly licensed Doctor of Medicine and/or duly licensed Doctor of Dentistry provide my child or legal guardian, a minor identified as "Participant's Name" above, with any and all medical assistance or treatment deemed necessary in the event of an accident, injury, or sudden illness. Further, I authorize admission to any hospital or medical facility for such treatment, including diagnostic procedures performed by licensed technicians or nurses. I authorize the hospital or medical facility to dispose of any specimens or tissue as appropriate. This release is effective until my arrival and it is revoked by me. I agree to be responsible financially for the cost of each transportation, assistance or treatment.

SIGNATURE: _____

DATE: _____