

## **MEDICAL RELEASE FORM**

Please print all information except signature

I,	(Parent/Guardian's Name) hereby give permission for any and all medical attention
to be administered to my child sickness, etc., under the direction of responsibility for the payment of an given below.	(Parent/Guardian's Name) hereby give permission for any and all medical attention (Child's Name) In the event of accident, injury, of the person(s) listed below, until such time as I may be contacted. I also assume the y such treatment. This release is effective for the period of one year from the date
ADDRESS:	
PHONE #:	
INSURANCE COMP:	POLICY #:
In case I cannot be reached, any o	the following persons is designated to act on my behalf.
* COACH:	*ASST COACH:
* MANAGER(S):	
	e where my child is playing. entative where my child is participating in a tournament
PHYSICIAN:	PHONE:
ADDRESS:	
KNOWN ALLERGIES:	
Should the coach or team manage	be made aware of any other existing medical condition(s)? If so, please list below.
SIGNATURE (PARENT/GAURDIA	N) DATE
Subscribed and sworn before me,	
This day of	, 20

Notary Public