

MEDICAL RELEASE FORM

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. 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.

Date of player's birth

month day year

Date of last tetanus booster

month day year

Known allergies of this player, including any allergies to medicine:

[Empty box for allergies]

Any other medical problems which should be noted:

[Empty box for medical problems]

Family Physician

[Empty box for family physician name]

Phone

[Empty box for family physician phone]

Parent/Guardian

[Empty box for parent/guardian name]

Home Phone

[Empty box for home phone]

Work/Cell Phone

[Empty box for work/cell phone]

Parent/Guardian Address

[Empty box for parent/guardian address]

City, State Zip

[Empty box for city, state, zip]

Person responsible for charges, if differs

[Empty box for person responsible for charges]

Home Phone

[Empty box for home phone]

Work/Cell Phone

[Empty box for work/cell phone]

Person responsible for charges address

[Empty box for person responsible for charges address]

City, State Zip

[Empty box for city, state, zip]

Person to notify if parent/guardian unavailable

[Empty box for person to notify]

Home Phone

[Empty box for home phone]

Work/Cell Phone

[Empty box for work/cell phone]

Insurance Carrier

[Empty box for insurance carrier]

Policy Number

[Empty box for policy number]

Policy-holder's Name

[Empty box for policy-holder's name]

Group Number

[Empty box for group number]

Carrier's Phone Number

[Empty box for carrier's phone number]

Signature of parent/guardian

[Empty line for signature]

Date

[Empty line for date]