

2010 MEDICAL RELEASE FORM

I, _____ hereby give permission for any and all medical attention to be
(Print Parent/Guardian's Name)

administered to my child _____ In the event of an accident, injury, sickness, etc., under
(Print Child's Name)
the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the
payment of any such treatment.

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: (1) _____ CELL PHONE: (2) _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____ GOUP NUMBER: _____

In case I cannot be reached, any of the following persons is designated to act on my behalf.

* COACH: _____

* ASST.COACH: _____

* MANAGER: _____

* A league representative where my child is playing.

* Any tournament representative where my child is participating in a tournament

PHYSICIAN: _____

ADDRESS: _____

PHONE: _____

KNOWN ALLERGIES: _____

CURRENT MEDICATIONS: _____

SIGNATURE (PARENT/GUARDIAN) _____ DATE _____

Subscribed and sworn before me,

this _____ day of _____, 2009

Notary Public