Medical Release Form

I hereby give my permission for any and all medical attention necessary to be administered to (my child / myself) _____ in the event of an accident, injury, sickness, etc., under the direction of the person(s) listed below, unitl such time as I maybe contacted. I also hereby assume the responsibility for payment for such treatment.

Parents Name: _____
Home Address: _____
Home Phone Number: _____
Work Phone Number: _____
Cell Phone: _____ Pager: _____

My Insurance Company is: _____
Policy Holder: _____
Policy Number: _____ Group Number: _____

In case I cannot be reached, I hereby designate the following people to act on my behalf:

Coach: _____
Asst. Coach: _____
Another Adult Member of the Team: _____

Family Physician: _____
Address: _____
Phone Number: _____

Known allergies or other conditions that we should be aware of:
_____
_____

_____ _____
Signature of Self or Parent/Guardian Date