

Emergency Medical Treatment Release form

In the event my child, named below, is injured during a practice, scrimmage, league or tournament game, or other authorized team activity, at which I am not present, and if medical attention is required, I hereby authorize the Team Coach, an Assistant Coach or Team Manager to sign any necessary medical release forms on my behalf.

Players Name: _____

Family Doctor and/or Clinic: _____

Address _____

Telephone No: _____

Dentist: _____

Address: _____

Telephone No: _____

Hospitalization Insurance Company Name: _____

Policy Number: _____

Special Medical Information:

Does your child have an medical condition that may require special attention? Yes ___ No ___

If yes, please describe (examples: Asthma, diabetes, etc...) _____

Does your child have an allergic reaction to any medication? Yes ___ No ___

If yes, please indicate the name of the medication/s. _____

Parent/Guardian signature

Date: ___/___/200__