



MEDICAL RELEASE FORM



Coach's copy - to be carried by coach to all games and practices.

Player's Name _____

Father/Guardian Name _____ Contact Phone _____

Mother/Guardian Name _____ Contact Phone _____

Person To Notify In Case of Emergency _____

Home Phone _____

Mobile Phone _____

Doctor To Notify In Emergency _____

Phone _____

Hospital Preference, if any _____

City _____

List Any Medical Problems Or Conditions Player Has (include allergies and medications currently taking)

List Any Food Intolerances Player Has

Family Insurance Information:

Insurance Company _____

Child's Birth Date _____

Address _____

City/State/Zip _____

Subscriber Name _____

Do You Have A Dental Program _____

Subscriber Number _____

Group Number _____

Subscriber Address _____

City/Zip _____

I hereby give my consent for all medical care prescribed by a duly licensed Doctor of Medicine for the above minor as his/her parent or legal guardian. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. To the best of the undersigned's knowledge, all of the above information is true and accurate.

Signed _____

Date _____

By initialing the corresponding soccer year below, I certify that all of the information is correct and has not changed.

2011-12 _____ 2012-13 _____ 2013-14 _____ 2014-15 _____ 2015-16 _____ 2016-2017 _____