NEBRASKA STATE SOCCER ASSOCIATION

www.nebraskasoccer.org

10700 Sapp Brothers Drive - Suite B • Omaha, Nebraska 68138 • Phone (402) 596-1616 • Fax (402) 596-0660

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, dentist, 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 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:
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:
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
specimen or tissue taken from the above-named player. Date of Player's Birth: Month Day Year Nown allergies of this player, including any allergies to medicine: Any other medical problems which should be noted: Family Physician: Phone: Name of Parent/Guardian: Address: City: State: Zip: Work Phone: Person responsible for charges (if different from above) Address: City: State: Zip: Work Phone: Person to notify if parent/guardian is unavailable Address: City: State: Zip: Work Phone: Person to notify if parent/guardian is unavailable Address: City: State: Zip: Home Phone: Person to notify if parent/guardian is unavailable Address: City: State: Zip: Home Phone: Person to notify if parent/guardian is unavailable Address: City: State: Zip: Home Phone: Person to notify if parent/guardian is unavailable
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The second secon
Insurance Carrier: Policy Number: Policy Number:
Signature of Parent/Guardian:
[NOTARIZATION] * Notarization is not required by US Youth Soccer
STATE OF:
COUNTY OF:
Sworn to and subscribed before me on the day of ,
Notary Public in and for the State of:: My Commission expires:
Signature:













