



Medical Release Form

As the parent/legal guardian of _____

Grade _____ in 2013-2014

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, dentists and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment for the above minor. I have not been given a guarantee as to the results of the examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above named player.

Player's Date of Birth _____ / _____ / _____
Month Day Year

Last Tetanus Booster _____ / _____ / _____
Month Day Year

Known allergies of this player, including any allergies to medicine _____

Other medical problems which should be noted

Current medications _____

Family Physician _____ Phone _____

Insurance Carrier _____ Policy # _____

PARENT INFORMATION

Parent/Guardian _____

Address _____

City, State, ZIP _____

Phone: home _____ work _____ FAX _____

Phone: home _____ work _____ FAX _____

PERSON TO NOTIFY if parent/guardian is unavailable

Person _____

Phone: home _____ work _____ FAX _____

PERSON RESPONSIBLE FOR CHARGES – if different from above.

Person _____

Address _____

City, State ZIP _____

Phone: home _____ work _____ FAX _____

Signature of Parent/Guardian _____

Date _____

**Please see
Side 2 for
Sports
Contract**