

**CAROL STREAM PARK DISTRICT
MEDICAL RELEASE FORM
YOUTH SOCCER
2014 FALL**

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment of the following minor by a qualified and licensed medical physician in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undo discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor _____ Relationship _____

Address _____

Phones: Home _____ Emergency _____

Medical allergies, chronic illnesses, or other conditions: _____

Family Physician _____ Phone _____

Emergency contact: _____

Name _____ Phone _____

THIS RELEASE FORM IS COMPLETED AND SIGNED OF MY OWN FREE WILL WITH THE SOLE PURPOSE OF AUTHORIZING MEDICAL TREATMENT IN MY ABSENCE UNDER EMERGENCY CIRCUMSTANCES.

Signature _____ Date _____
(parent or legal guardian)

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