

Administration – Sample Medical Release Form

This form must be completed for each soccer player/participant under 18-years of age.

ORGANIZATION

**MEDICAL RELEASE FORM**

PLAYER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ GENDER: \_\_\_\_\_

DATE OF MOST RECENT TETANUS SHOT: \_\_\_\_\_

ANY KNOWN ALLERGIES (especially to medications): \_\_\_\_\_

\_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

\_\_\_\_\_

PRIMARY MEDICAL INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ GROUP OR TYPE NUMBER: \_\_\_\_\_

PLAYER'S PRIMARY PHYSICIAN'S NAME: \_\_\_\_\_

PHYSICIAN'S PHONE NUMBER: \_\_\_\_\_

PARENT OR LEGAL GUARDIAN NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

IN MY ABSENCE, ANY ONE OF THE FOLLOWING PEOPLE, IN THE ORDER IDENTIFIED BELOW, IS HEREBY DESIGNATED TO ACT ON MY BEHALF:

1. SECONDARY CONTACT NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

2. COACH: \_\_\_\_\_
3. ASSISTANT COACH/TEAM MANAGER: \_\_\_\_\_
4. TEAM PARENT: \_\_\_\_\_
5. A REPRESENTATIVE OF THE ORGANIZATION WHERE MY CHILD IS PLAYING
6. A REPRESENTATIVE OF THE TOURNAMENT WHERE MY CHILD IS PLAYING

In my absence, I hereby give my consent and permission for medical transportation and to have a paramedic and/or duly licensed Doctor of Medicine and/or duly licensed Doctor of Dentistry provide my child or legal guardian, a minor identified as "Player's Name" above, with any and all medical assistance or treatment deemed necessary in the event of an accident, injury, or sudden illness. Further, I authorize admission to any hospital or medical facility for such treatment, including diagnostic procedures performed by licensed technicians or nurses. I authorize the hospital or medical facility to dispose of any specimens or tissue as appropriate. This release is effective until my arrival and it is revoked by me. I agree to be responsible financially for the cost of each transportation, assistance or treatment.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

NOTARIZATION:

Subscribed and sworn (affirmed) to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature \_\_\_\_\_ My commission expires \_\_\_\_\_

Notary Public

(Seal)