DEVELOPING CHAMPIONS FOR LIFE!
FUN! • INTEGRITY • FAIRNESS • TEAMWORK • STEWARDSHIP

MEDICAL RELEASE
2023-2024

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, dentists, 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, 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.

Player's Date of Birth _____ / _____ / _____ (Mo / Day / Year) Date of Last Tetanus Booster _____ / _____ / _____ (Mo / Day / Year)

Known Allergies, including allergies to medicines: _____

Any other medical problems that should be noted: _____

Family Physician: _____ Ph: _____

Parent/Guardian: _____

Address: _____

City/State/Zip: _____ _____ _____

Home Phone: _____ Cell Phone: _____

Person Responsible for Charges (if not above): _____

Address: _____

City/State/Zip: _____ _____ _____

Home Phone: _____ Cell Phone: _____

Emergency Contact (if parent is unavailable): _____

Address: _____

City/State/Zip _____ _____ _____

Phone 1: _____ Phone 2: _____

Insurance Carrier: _____ Policy #: _____

Parent/Guardian Signature: _____

JURAT

STATE OF: _____ COUNTY OF: _____

Sworn to and subscribed before me the: _____ day of _____, 20_____

Notary Public in and for the State of _____ My commission expires: _____