# Medical Release Form

I, _____(Parent/Guardian's Name), hereby give permission for any and all medical attention to be administered to my child, _____(Child's Name) in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

Address:_____

Home Phone:_____ Cell Phone(s):_____

Insurance Company:_____

Policy Number:_____

In case I cannot be reached, any of the following persons is designated to act on my behalf:

*Coach:_____

*Asst. Coach:_____

*Team Mgr.:_____

*A league representative where my child is playing

*Any tournament representative where my child is participating in a tournament

Physician:_____

Address:_____

Phone:_____

Known allergies:_____

Signature (Parent/Guardian)_____Date_____