



River Flow Soccer Club Inc.
P.O Box 10061
Rochester, NY 14610
(585) 234-1425

Medical Release Form

Player's Name: _____ Date: _____
Player's Date of Birth: _____ Coach: _____

As the parent or legal guardian of the above named player, I hereby give consent to transport the above named player to a hospital emergency room and/or for emergency medical care (i.e. diagnosis and treatment) by a licensed physician and/or dentist. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Print Name – Parent or Guardian

Signature – Parent or Guardian

Parent/Guardian Information

Physician Information

Address: _____
City: _____
State and Zip Code: _____
Home Phone (include area code): _____
Work Phone (include area code): _____
Cell Phone (include area code) : _____
Insurer: _____
Policy #: _____

Name: _____
Address: _____
City: _____
State & Zip Code: _____
Phone (include area code): _____

Dentist Name: _____
Phone (include area code): _____

Has player ever been hospitalized for any major reasons? _____

Does the player have any allergic reactions to any medicines?

