

Medical Release Form

Date: _____

I (we) _____, parents of _____
Parents name players name

Give permission to _____ to seek immediate medical treatment
Coach's Name

in the event of any serious or life threatening injury, accident or illness while under their supervision from April to August.

**Pertinent Health & Medical History includes:
General Information: (check all that apply and explain)**

Allergies _____

Asthma _____

Convulsions/Seizures _____

Speech difficulties _____

Hearing/ Visually impaired _____

Medications _____

Family Physician: _____ **Phone #** _____

I (we) can be reached at _____ (day) or _____ (pm)
During the above time period, or contact

_____ at _____
Relative Phone number

Parent signature: _____

Parent signature: _____

Insurance information:

Insurance name: _____

ID/Member#: _____

Insurance co. ph#: _____

Policy Holder: _____

Group number: _____