

# Liberty Hill Youth Soccer Association

PO Box 220

Liberty Hill, TX 78642

[www.libertyhillsoccer.org](http://www.libertyhillsoccer.org)

## Medical Release Form

Form must be completed and submitted to LHYSA before player participates in league activities.

I, (name of parent or legal guardian) \_\_\_\_\_,  
hereby give permission for any and all emergency medical attention necessary to be  
administered to my child, (child's name) \_\_\_\_\_,  
in the event of accident, injury, sickness, etc., while he or she is under the care of coaching  
staff, referees or directors of the Liberty Hill Youth Soccer Association, until such time as I may  
be contacted.

If I cannot be contacted, I give permission for treatment of my child as may be required and  
determined by the appropriate health care professional who is present. Any coach, referee or  
director of the Liberty Hill Youth Soccer Association has my permission to allow necessary  
medical treatment for my child listed above. This release is effective during LHYSA practices and  
games during the current soccer season.

I hereby assume responsibility for payment of such treatment and have included my child's  
insurance information. LHYSA carries a secondary medical insurance policy on each player.

Primary Insurance Provider \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Policy Number \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Known allergies or medical conditions of child \_\_\_\_\_

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Medications child is taking \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of Parent/Legal Guardian \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_