



## Soccer Medical Release Form

Parent/Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #s: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Child's Name:	List all Known Medical Conditions, Including Food Allergies and/or Drug Allergies, Include any and all over-the-counter and/or Prescription Drugs Taken Regularly.

In an emergency, please contact: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone #s: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2<sup>nd</sup> emergency contact: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone #s: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Preferred Hospital in case of emergency: \_\_\_\_\_

*In case of an emergency, I give permission for my child to receive medical treatment. I (we) will be responsible for any and all costs of medical treatment.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_