

EMERGENCY MEDICAL TREATMENT RELEASE FORM

In the event my child, named below, is injured during a practice, scrimmage, league or tournament game, or other authorized team activity, at which I am not present, and if medical attention is required, I hereby authorize the team coach, an assistant coach or the team manager to sign any necessary medical release forms on my behalf.

Player's Name: _____

Family Doctor or Clinic: _____

Address: _____

Telephone Number: _____

Dentist: _____

Address: _____

Telephone Number: _____

Hospitalization Insurance Company Name: _____

Policy Number: _____

SPECIAL MEDICAL INFORMATION: Does your child have a medical condition that may require special attention? (Example: Asthma, Diabetes, etc.)

Yes () No ()

If yes, please describe.

Does your child have an allergic reaction to any medication?

Yes () No ()

If yes, please indicate the name of the medication(s).

Parents/Guardians Signature: _____ Date: _____

_____ Date: _____