

Please return this form to your child's Soccer Coach.

MEDICAL RELEASE FORM FOR EMERGENCY

Authorization for medical, surgical, and/or diagnostic procedures:

Minor's Name:

Parent's Name:

Address:

Home Phone:

Mobile or Secondary Phone:

Emergency Contact Name & Relationship:

Emergency Contact Phone:

Health Insurance Company:

Policy Number:

Minor's Date of Birth:

Special medical conditions or allergies:

Allergies to medicines:

Medicines presently taking:

I hereby authorize the performance of medical, minor surgical or diagnostic procedures, including the administration of local anesthesia which may be deemed necessary or advisable by the attending physician or surgeon in the diagnosis and emergency treatment of my son or daughter in the event that I cannot be reached for direct authorization of treatment.

Signature of parent or legal guardian:

Date: