

Medical Release Form

I hereby give my permission for any and all medical attention necessary to be administered to my child _____ SSN _____, in the event of an accident, injury, sickness, or other medical condition that may warrant medical attention, under the direction of the below listed person(s) until such time that I/we may be contacted. This release is in effect for one year from the date signed below. By my signature, I acknowledge and assume the responsibility for payment of any required medical treatment.

Parent(s) Name: _____

Address: _____

Home Phone: (757) _____ **Work Phone:** (757) _____

Name of Insurance Company: _____

Policy Number: _____

In the event I cannot be reached, I hereby designate the below-listed persons to act in my behalf:

Name: _____ **Relationship:** Head Coach

Phone: _____

Name: _____ **Relationship:** Asst Coach

Phone: _____

Physician: _____ **Address:** _____

Phone: (757) _____

Drug or other allergies: _____

Additional pertinent medical information: _____

Signature of Self/Parent/Guardian: _____ **Date:** _____

Subscribed and sworn before me this ____ day of _____, 20__

Notary Public _____

My Commission Expires: _____