

## MEDICAL RELEASE FORM

I hereby give permission for any and all medical attention necessary to be administered to my child \_\_\_\_\_ in the event of an accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. This release is effective until such time as revoked by me. I also hereby assume the responsibility for payment for any such treatment.

**MY ADDRESS IS:** \_\_\_\_\_

**MY INSURANCE COMPANY IS:** \_\_\_\_\_

**MY POLICY NUMBER IS:** \_\_\_\_\_

In case cannot be reached, any of the following is authorized to act on my behalf:

1. **Coach:** \_\_\_\_\_

2. **Manager:** \_\_\_\_\_

3. A league or Olney Soccer Club representative where my child is playing, or

4. Any tournament representative where my child is playing.

**OUR PHYSICIAN IS:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**CHILD'S BIRTH DATE:** \_\_\_\_\_

**CHILD'S KNOWN ALLERGIES:** \_\_\_\_\_

**DATE OF CHILD'S LAST TETANUS SHOT:** \_\_\_\_\_

**PARENT/GUARDIAN**

**PHONE:** H: (\_\_\_\_) \_\_\_\_\_ W: (\_\_\_\_) \_\_\_\_\_ C:(\_\_\_\_) \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

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