

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: _____

Subscribed and sworn (affirmed) before me this _____ day of _____ 2002

My commission expires: _____

Notary Public