

**MEDICAL RELEASE**

**PARENT OR GUARDIAN'S AUTHORIZATION**

In case of an emergency, if family physician cannot be reached, I hereby authorize my daughter to be treated by another qualified, licensed physician who is available.

**Player's name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_

**Phone ( w/ area code)** \_\_\_\_\_

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Date of last tetanus booster:** \_\_\_\_\_ **Blood type:** \_\_\_\_\_

**Contacts:**    yes / no        **Glasses:**    yes / no        **Braces:**    yes / no

**Any known condition that coaches or emergency personnel should be aware of**  
**{asthma, medicines, attention deficit disorder, heart murmur, (the more**  
**information you can give us the better.}):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL INFORMATION**

**MEDICAL INSURANCE:** \_\_\_\_\_ **POLICY #:** \_\_\_\_\_

**MOTHER:** \_\_\_\_\_ **FATHER:** \_\_\_\_\_

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

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

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

**PAGER:** \_\_\_\_\_ **PAGER:** \_\_\_\_\_

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

**TWO OTHER EMERGENCY CONTACTS WITH PHONE NUMBERS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date** \_\_\_\_\_