

## EMERGENCY MEDICAL TREATMENT RELEASE FORM

In the event my child, named below, is injured during a practice, scrimmage, league or tournament game, or other authorized team activity, at which I am not present, and if medical attention is required, I hereby authorize the team coach, an assistant coach or the team manager to sign any necessary medical release forms on my behalf.

Player's Name: \_\_\_\_\_

Family Doctor or Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Hospitalization Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**SPECIAL MEDICAL INFORMATION:** Does your child have a medical condition that may require special attention? (Example: Asthma, Diabetes, etc.)

Yes ( )      No ( )

If yes, please describe.

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

Does your child have an allergic reaction to any medication?

Yes ( )      No ( )

If yes, please indicate the name of the medication(s).

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

Parents/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_