

ELKHORN SOCCER CLUB
Medical Release Form

Player's Name: _____ Date of Birth: _____

Date of last Tetanus booster: _____ List allergy information: _____

Describe any existing or past medical conditions. Include any medications your player is currently taking.

Parents/Guardians: _____ Email: _____

Address: _____ City _____ State _____ Zip _____

**Please list all phone numbers where your family can be reached in an emergency:*

Home #: _____ Work #: _____ Cell #: _____

Emergency contact if parent/guardian is not available: _____

Relationship to player: _____ Address: _____

Home #: _____ Work #: _____ Cell #: _____

Medical and Insurance Information

Player's Physician: _____ Phone #: _____

Health Insurance Company: _____ Policy #: _____

Policy Holder's Name: _____

Person responsible for charges: _____

Address: _____ City _____ State _____ Zip _____

Home #: _____ Work #: _____ Cell #: _____

Signature of Parent/Guardian: _____

By signing above, I, as the parent/guardian of the above-named player, authorize: a) the coaches or their designee to provide temporary medical treatment until professional medical help is available; b) the player to be transported by rescue squad, ambulance or other means as necessary; c) the player to be admitted to any hospital or medical facility; and d) all necessary medical professionals and their staff to perform the diagnostic, treatment, and operative procedures they may deem necessary for the above-named player. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facilities to dispose of any specimen or tissue taken from the above-named player. I will update the above information with the coach as necessary.

-----NOTARIZATION-----

STATE OF: _____ COUNTY OF: _____

Sworn to and subscribed before me on the _____ day of _____, _____.

Notary Public in and for the State of _____. My commission expires _____.

Signature: _____