

**YOUTH SPORTS MEDICAL INFORMATION  
AND RELEASE FORM**

**Player's Name** \_\_\_\_\_

**D.O.B** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**MEDICAL INFORMATION:**

**Family Physician's Name** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Address** \_\_\_\_\_

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**Allergies and/or Medical Conditions (list):** \_\_\_\_\_

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**Medications (list):** \_\_\_\_\_

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**Date of Last Tetanus booster** \_\_\_\_\_

**Person Responsible for Charges (if different then from above)** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_ **policy #** \_\_\_\_\_

**I/we hereby grant consent to any and all health care providers to administer any necessary medical care as a result of injury/illness. This consent includes First Aid and transportation to/from health care providers.**

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**NOTE: This release is to be carried by head/assistant coach to all practices and games.**

**WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in athletic activities.**