MEDICAL RELEASE FORM

As the parent/legal guardian	ı of	, I red	quest that in my
absence the above-named pl	layer be admitted	to any hospital or medica	al facility for
diagnosis and treatment. I re	•	· -	_
licensed as Doctors of Medi	-	- ·	_
technicians or nurses, to per		•	
	•	•	-
operative procedures and x-	•		_
guarantee as to the results of			-
medical facility to dispose o	if any specimen o	or tissue taken from the ab	ove-named player.
Date of Players Birth/	//	Date of last Doctor's Visit	t//
Mon	nth Day Year		Month Day Year
Vnovyn allargies of this play	var inaludina anv	vallargias to madiaina	
Known allergies of this play	er, including any	aneigles to medicine	
Any other medical problems	s which should be	e noted	
E!!!!		Discours (
Family Physician		Pnone ()	
Name of Parent/Guardian			
Address			
City/State/Zip			
City/State/ZipPhone H()	W()	FAX ()
Person responsible for charg	ges (if different fr	rom above)	
Address			
City/State/Zip			
City/State/ZipPhone H()	W()	FAX (_)
Person to notify if parent/gu Phone H()	ardian is unavail	able	
Phone H()	W()	FAX (.)
Insurance Carrier		Policy Number	
msurance Carrier		1 oney ivalloci	
Signature of Parent/Guardia	ın		