Medical Release Form

As the parent/legal guardian of _____, I Request that in my absence the above - name player be admitted to any hospital or Medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff duly licensed as Doctors of Medicine or Doctor of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose any specimen or tissue taken from the above – name player.

Date of players Birth _____/_____/_____ Age: _____
Month Date Year

Date of last Tetanus Booster_____/_____/_____
Month Date Year

Know allergies of this player, including any allergies to medicine_____
_____

Any other medical problems which should be noted_____
_____

Family Physician_____ Phone _____

Name of Parent/Guardian_____
Address_____
City/State/ Zip_____
Phone: H_____ W_____

Person to notify if parent/guardian is unavailable_____
Address_____ State_____ Zip_____
Phone:_____ W_____
Insurance Carrier_____
Policy Number_____
Signature of Parent/Guardian_____

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Recreational All – Star Tournament Dates: 2010

_____

Canandaigua ---- _____
Greece Girls ---- _____
Chili ---- _____