



MEDICAL RELEASE FORM 2019/2020

I, _____ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child _____ (Child's Name) In the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

ADDRESS: _____

HOME PHONE: _____

INSURANCE COMP: _____ POLICY NUMBER: _____

In case I cannot be reached, any of the following persons is designated to act on my behalf.

* _____
: _____

* A league representative where my child is playing.

PHYSICIAN: _____

ADDRESS: _____

PHONE: _____

KNOWN ALLERGIES: _____

PARENT SIGNATURE _____

Other contact we can call

T- Shirt Size: XYS YS YM YL AS AM AL AXL

Short Size: XYS YS YM YL AS AM AL AXL