

Silver Lake Soccer Club
Medical Release Form

As the parent/legal guardian of:

Name of Player: _____

I request that in my absence the above-named 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 Doctors 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 of any specimen or tissue taken from the above-named player.

Date of players birth: _____ Date of last Tetanus Booster: _____

Allergies: _____

Other Medical Conditions: _____

Player's Physician: _____ Phone#: ____ - ____ - ____

Name of Parent/Guardian: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone # H: ____ - ____ - ____ Work#: ____ - ____ - ____

Person responsible for charges (if different from above) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone # H: ____ - ____ - ____ Work#: ____ - ____ - ____

Person to notify if parent/guardian is unavailable: Street

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # H: ____ - ____ - ____ Work#: ____ - ____ - ____

Medical and/or Hospital Insurance Co _____ Phone # : ____ - ____ - ____

Policy Holder: _____

Policy Number: _____

Signature of Parent /Guardian: _____ **Date:** _____