



# Medical Release Form

**PARENTS OR GUARDIANS OF ALL PARTICIPANTS UNDER THE AGE OF 18 MUST COMPLETE THIS RELEASE IN ORDER FOR THE PLAYER TO BE ELIGIBLE TO PARTICIPATE.**

As the parent/legal guardian of \_\_\_\_\_, 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.

\_\_\_\_ - \_\_\_\_ - \_\_\_\_      \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
PLAYER'S DATE OF BIRTH      SOCIAL SECURITY NUMBER      DATE OF LAST TETANUS SHOT

Known allergies of this player, including any allergies to medicine: \_\_\_\_\_

Any other medical problems which should be noted: \_\_\_\_\_

\_\_\_\_\_  
FAMILY PHYSICIAN      \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
PHONE

\_\_\_\_\_  
NAME OF PARENT/GUARDIAN

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY      \_\_\_\_\_ STATE      \_\_\_\_\_ ZIP CODE

\_\_\_\_ - \_\_\_\_ - \_\_\_\_      \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_      \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
MAIN NUMBER      SECONDARY NUMBER      FAX NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
INSURANCE CARRIER      \_\_\_\_\_ POLICY NUMBER

\_\_\_\_\_  
PERSON RESPONSIBLE FOR CHARGES (if different from above)

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY      \_\_\_\_\_ STATE      \_\_\_\_\_ ZIP CODE

\_\_\_\_ - \_\_\_\_ - \_\_\_\_      \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_      \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
MAIN NUMBER      SECONDARY NUMBER      FAX NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
PERSON TO NOTIFY IF PARENT OR GUARDIAN IS UNAVAILABLE

\_\_\_\_ - \_\_\_\_ - \_\_\_\_      \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
MAIN NUMBER      SECONDARY NUMBER

\_\_\_\_\_  
NAME OF PARENT / GUARDIAN      \_\_\_\_\_ DATE      \_\_\_\_\_ SIGNATURE

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
(name of person acknowledging).

SIGNATURE OF NOTARY PUBLIC - STATE OF FLORIDA      \_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

**CHECK ONE:**     Produced Identification     Type of Identification Produced: \_\_\_\_\_     Personally Known