

Medical Release Form

Brunswick Soccer

Player Name _____ Team (U8, U10, etc.) _____
Address _____
Home Phone _____ Birthdate _____
Player Lives with: both Parents mother father other(list)

PARENT/GUARDIAN INFORMATION (Indicate all persons to be contacted in case of emergency)

1. Name _____ Relationship _____ Phone _____
Home Address _____
Bus. Address _____ Phone _____
2. Name _____ Relationship _____ Phone _____
Home Address _____
Bus. Address _____ Phone _____
3. Name _____ Relationship _____ Phone _____
Home Address _____
Bus. Address _____ Phone _____

INSURANCE AND MEDICAL INFORMATION:

MEDICAL INSURANCE COMPANY _____
Provider _____ Group ID# _____
Player's Insurance ID# _____
Physician _____ Phone _____
Address _____
Hospital Preferred _____
Medications _____

Allergies _____

I, _____, give permission for any and all medical attention necessary to be administered to my child, _____, in the event of an accident, injury, sickness, etc., under the direction of the persons listed below, until such time as I may be contacted: (please indicate yes /no for each)

Coach _____ Asst. Coach _____

Parent/Guardian Signature

Date