



Name of Player \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Parent or Guardian and Student Release for Emergency Attention  
And Assumption of Risk**

I hereby consent to the above named child participating in the athletic program of Dublin Football League, Inc. I agree to hold harmless the board, sponsoring organizations, coaches and/or referees for any injuries incurred in connection with the program. I further understand that football being a contact sport, injuries may be received during participation in practices or games.

Emergency Medical Attention: (1) Purpose: To enable parent or guardian to authorize the provision of emergency medical treatment for children who become ill or injured while under the sports participation when parents or guardians cannot be reached. (2) Authorization: In the event reasonable attempts to contact any of the parents or guardians have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the emergency medical personnel, licensed physician or dentist, or in the event the designated preferred physician or dentist is not available, by another licensed physician or dentist, and the transfer of the child to the preferred hospital reasonably accessible.

I hereby consent to the release of the medical information contained herein and included on the physical form to any first aid responder, emergency medical personnel or attending physicians or dentists.

Any allergies, medicines being taken, physical impairments or unusual health conditions to which the coaches, board, physician or dentist should be alerted, are listed below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1<sup>st</sup> Contact: \_\_\_\_\_ Phone # \_\_\_\_\_ 2<sup>nd</sup> Phone # \_\_\_\_\_

2<sup>nd</sup> Contact: \_\_\_\_\_ Phone # \_\_\_\_\_ 2<sup>nd</sup> Phone # \_\_\_\_\_

Preferred Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone # \_\_\_\_\_

My child has primary health insurance with: \_\_\_\_\_

Policy # \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_