

# Henry County Soccer Association

## Medical Release Form

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: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

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

\* Coach: \_\_\_\_\_

\* Assistan Coach: \_\_\_\_\_

\* Team Manager: \_\_\_\_\_

\* A league representative where my child is player.

\* Any tournament representative where my child is participating in a tournament

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

SIGNATURE (PARENT/GUARDIAN) \_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and sworn before me,

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public