

# Fairport Soccer Club Tournament and Festival

## Medical Release Form



**NOTE: This form is to be used for those teams that do not have a club-based medical release form for their players.**

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 any x-ray treatment of the above-named 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. I accept full financial responsibility for any such treatment. I also give permission for any transportation required to a medical facility and assume full financial responsibility for said transportation.

Date of Player's birth: \_\_\_/\_\_\_/\_\_\_ Date of last Tetanus Booster: \_\_\_/\_\_\_/\_\_\_  
month day year month day year

Known allergies of this player, including allergies to medicines: \_\_\_\_\_

Other medical problems or activity restrictions: \_\_\_\_\_  
\_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Parents / Legal Guardians: \_\_\_\_\_

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

Father's Phone: \_\_\_\_\_

Mother's Phone: \_\_\_\_\_

Person to notify if Parent/Guardian is unavailable: \_\_\_\_\_

Relationship/Phone: \_\_\_\_\_  
\_\_\_\_\_

Person responsible for charges (if different from above): \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Subscriber: \_\_\_\_\_

Medical Insurance Policy Number: \_\_\_\_\_

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