

Medical Release Form

I, _____ (parent / guardian) hereby give permission for any and all medical attention to be administered to my child, _____ (name of child), 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.

Head Coach: Larry Palarchio

Associate Coach: Nicholas Hill

Associate Coach: Mark Chesney

My street address: _____

City: _____

Postal code: _____

Home telephone number: _____

Cell telephone number: _____

Emergency Contact Name: _____

Emergency Contact telephone number: _____

Insurance Company: _____

Policy number: _____

Contact telephone number: _____

Family Doctor's Name: _____

Family Doctor's telephone number: _____

Known Allergies: _____

Other information: _____

Parents Name (Printed) _____ Parents Signature: _____

Date: _____

