

YOUTH SPORTS MEDICAL INFORMATION  
AND RELEASE FORM

Player's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

MEDICAL INFORMATION:

Family Physician's Name \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

Allergies and/or Medical Conditions (list): \_\_\_\_\_

Medications (list): \_\_\_\_\_

Date of Last Tetanus booster \_\_\_\_\_

Person Responsible for Charges (if different then from above) \_\_\_\_\_

Insurance Company \_\_\_\_\_ policy # \_\_\_\_\_

I/we hereby grant consent to any and all health care providers to administer any necessary medical care as a result of injury/illness. This consent includes First Aid and transportation to/from health care providers.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: This release is to be carried by head/assistant coach to all practices and games. No information will be given out unless needed in an emergency.

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in athletic activities.