

Delaware Soccer Club

Medical Release Form

As the parent/legal guardian of _____, I request that in my absence the above named player be admitted to any hospital or other medical facility for diagnosis and treatment. I request and authorized 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 x-ray treatment of the above 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.

Players date of birth: _____ Date of last Tetanus Booster: _____

Known Allergies: _____

Any other medical problems which the coach should be aware of:

Parent/Guardians Name: _____ e-mail: _____

Address: _____

Phone #: (H) _____ (W) _____ (C) _____

Person responsible for charges if different from above: _____

Address: _____

Phone #: (H) _____ (W) _____ (C) _____

Person to notify if parent/guardian is unavailable: _____

Address: _____

Phone #: (H) _____ (W) _____ (C) _____

Insurance Carrier: _____ Policy #: _____

Parent/Guardian Signature: _____ Date: _____