Allegheny Force Football 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 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 diagnosis procedures, treatments procedures, operative procedures and x-rays treatment of the above minor. I have not been given a guarantee as to the results of the 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 of this player, including any allergies to medicine:_____

_____

Any other medical problems which should be noted:_____

_____

Family Physician:_____Phone_____

Name of Parent/Guardian:_____

Address:_____

City, State, Zip Code:_____

Phone(H)_____(W)_____(C)_____

Person responsible for charges (if different from above parent/guardian)

Name: _____

Address:_____

City, State, Zip Code:_____

Phone(H)_____(W)_____(C)_____

Person to notify if parent/guardian are not available:

Name:_____
Phone: _____(W)_____(C) _____

Insurance Carrier:_____Policy Number_____

_____
Parent/Guardian Signature