

**LIONVILLE SOCCER CLUB
MEDICAL RELEASE FORM**

I, _____, (Parent/Guardian's Name) hereby give my permission for the administration of any and all necessary medical attention to my child _____ (Child's Name) in the event of an 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.

ADDRESS: _____

CITY, STATE AND ZIP: _____

HOME PHONE: _____

CELL PHONE: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

In case I cannot be reached, any of the following persons is designated to act on my behalf:

- ▶ COACH: _____
- ▶ ASST. COACH: _____
- ▶ ASST. COACH: _____
- ▶ MANAGER: _____
- ▶ A League Representative where my child is playing
- ▶ Any Tournament Representative where my child is participating in a tournament

PHYSICIAN: _____

ADDRESS: _____

PHONE: _____

KNOWN ALLERGIES: _____

MEDICATIONS (Name, Dosage, and Frequency of Dosage):

SIGNATURE (PARENT/GUARDIAN): _____ DATE: _____

Subscribed and sworn to me,
this _____ day of _____, 200 _____

Notary Public