

2011-2012 Fever Medical Release Form

As the parent or legal guardian of _____, I request that in the event of an emergency, the above-named player may be admitted to any hospital facility for diagnosis and/or 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 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.

Date of Players 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 _____

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

Person responsible for charges (if different from above) _____

Address _____ City/State/Zip _____

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

Person to notify if Parent or Guardian is unavailable _____

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

Insurance carrier _____ Policy Number _____

Signature of Parent or Guardian _____

JURAT

STATE OF _____ §

COUNTY OF _____ §

Sworn to and subscribed before me on the ____ day of _____, 20____.

Notary Public in and for State of _____

Commission expires _____