

## HAMPDEN INVITATIONAL GIRLS SOCCER TOURNAMENT MEDICAL RELEASE

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 such other licensed technicians or nurses, to perform any disgnostic 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-name player.

Date of Player's Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Date of last Tetanus Booster \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Known allergies of this player, including any allergies to medicine:

Any other medical problems which should be noted:

Insurance  
Carrier

Policy  
Number

Family Physican:

Phone

Names of  
Parents/Guardians:

Address  
City/State/ZIP

Phone Numbers

Home

Cell

Work

Fax

Person responsible for charges  
(if different from above)

Address  
City/State/ZIP

Phone Numbers

Home

Cell

Work

Fax

Person to notify if parent/  
guardian is unavailable

Phone Numbers

Home

Cell

Work

Fax

Signature of Parent/Guardian:

Printed name of above signature: