

Tawas AYSO Player Medical Information and Release Form

I, _____ hereby give permission for any and all medical attention necessary to be administered to my child (name) _____ in the event of accident, injury, sickness, etc., under the direction of either the person(s) listed below, until such time as I may be contacted. If neither of the person(s) designated below can be contacted, I give permission for treatment of my child as may be required subsequent to a determination made by an appropriate health care professional who is present. I also hereby assume responsibility for payment of such treatment not covered by my insurance or the American Youth Soccer Organization (AYSO) carrier.

Phone (Home) _____ (cell) _____ (work) _____

My Address _____

City: _____ State: _____ Zip Code: _____

Insurance Company is: _____

Insurance policy number is: _____

In the event I cannot be reached, any of the following are designated to act on my behalf:

*Name: _____ Phone: _____

*Name: _____ Phone: _____

*A league representative or tournament representative where my child is playing.

Physician: _____ Phone: _____

Physician's Address: _____

Known Allergies: _____

Signature (parent/ Guardian): _____

Parent/ guardian's printed Name: _____

Date: _____

