



Athlete Medical Release Form

Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact		
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Allergies/Special Health Considerations

Physician's Note of Consent:

Physician Signature	Date
Parent's/Guardian's Signature	Date