

EAST LANSING SOCCER CLUB

MEDICAL RELEASE FORM

I hereby give my permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness etc., under the direction of the people listed below until such time as I may be contacted. This release is effective for the time that my child is participating in East Lansing Soccer Club games, team practice sessions, tryouts, or any other soccer-related activity. I also hereby assume the responsibility for payment of any such treatments.

My Childs Name Is: _____

Parent/Guardian Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

Parent/Guardian Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

Health Insurance Company: _____ Policy #: _____

Doctor Preference: _____ Phone #: _____

Hospital Preference: _____

Emergency Phone #: _____ Contact: _____

In the event parents cannot be contacted, the following people are designated to seek medical attention for my child:

Coach's Name: _____

Additional Contact Name: _____ Relationship: _____

Phone: _____

Additional Contact Name: _____ Relationship: _____

Phone: _____

ALLERGIES TO MEDICINE: _____

Other Medical conditions that coaches should know about (e.g., asthma, heart problems, muscle/joint/ bone problems, past injuries, etc.):

Signature of Parent or Guardian: _____ **Date:** _____

MUST BE NOTARIZED FOR TOURNAMENT USE