

PERUSA SOCCER CAMP  
MEDICAL RELEASE FORM

As the parent or guardian of \_\_\_\_\_, I give consent that in my absence, the above player be treated by camp personnel, if an emergency situation arises and/or until professional medical care is available. I give further consent that he/she 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, 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 result of the examination or treatment.

Birth date of player : \_\_\_\_\_

Home phone: \_\_\_\_\_ Parent (s) Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Known allergies of this player including any allergies to medication: (food, medications, plants, insects) \_\_\_\_\_

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Any other known health problems that we should be aware of: \_\_\_\_\_

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Family Physician and phone # \_\_\_\_\_

Person to notify if parent/guardian is unavailable: \_\_\_\_\_

Phone number of emergency contact: \_\_\_\_\_

Health Insurance Information: (if applicable)

Group Name and Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Today's Date: \_\_\_\_\_