

**SHSGS Soccer Go Girls World Cup 2018**  
**Medical Release Form**

I, \_\_\_\_\_, ( Parent/Guardian's name), hereby give permission for any and all medical attention to be administered to my child (child's name)\_\_\_\_\_ (date of birth)\_\_\_\_\_ in the event of accident, injury, sickness, etc. under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment.

This release is effective for July 16-20, 2018.

INSURANCE Co. \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

Medical Insurance Policy Number: \_\_\_\_\_

Parent/Guardian Cell Phone Number: \_\_\_\_\_

In case I cannot be reached, the following people are designated to act on my behalf:

Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CONTACT EMAIL ADDRESS: \_\_\_\_\_

CONTACT CELL PHONE: \_\_\_\_\_

Visit [sysonet.org](http://sysonet.org) for details and registration forms!