

Cobras FC

Medical Release Form

Name _____ Age _____

Home Address _____
Street _____ City _____ Zip Code _____

Home telephone _____ Work _____ Cell _____

Name and Address of Parents/Guardian _____

_____ Street _____ City _____ Zip Code _____

In an emergency notify: _____ Telephone # _____

Doctor's Name _____ Telephone # _____

Health /Accident Insurance Company _____ Policy # _____

Rochester Area Hospital Preference (if so desired) _____

Known medical problem that the coach should be informed of: _____

Allergies _____ Drug Reactions _____

Note: All information contained herein is confidential, and as such, will remain only with the Cobras FC coaching staff .

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In the event that medical attention may be necessary for my/our child, I/we recommend the following:

I, the parent or guardian of _____, give my consent for emergency medical treatment of my child.

Signature of Parent or Guardian _____ Date: ____ / ____ / ____

Some tournaments require that the Medical Release form be notarized. Please do so in the area provided.

As sworn/signed before me this _____ day of _____, _____.

Signed: _____