

Livingston United

Medical Release Form

Shirt size: _____

Players Name: _____ Grade: _____ DOB: _____ / _____ / _____

1st Parent/Guardian: _____

Street Address _____

City, State, Zip: _____

Cell Phone: _____

Email address: _____

2nd Parent/Guardian: _____

Street Address: _____

City, State, And Zip: _____

Cell Phone: _____

Email address: _____

Insurance Company: _____ Policy holder: _____

Policy #: _____ Telephone #: _____

Physician: _____ Phone: _____

*******Your player will be transported to the closest hospital if you cannot be reached*******

Known medical Problems or allergies: _____

In case I cannot be reached in the event of an emergency, the following is designated to act in my behalf:

Name: _____ Relationship: _____

Cell Phone: _____

My child may take the following non-prescription medications:

Ibuprofen _____ Other (please list): _____

Other important information to note: _____

I hear by 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. until such time as I may be contacted. I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and / or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant / participant to a medical treatment facility should the individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify Livingston United and its coaches, affiliated organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in Livingston United's programs. This release is effective for Livingston United during games & practices. I release all persons associated with Livingston United or FC Dansville Mustangs from any and all legal responsibilities.

Parent/Guardian Signature: _____ Date: _____