

MEDICAL CONSENT / RELEASE FORM

As The parent/legal guardian of _____, I request that in my absence the above named CHILD/PLAYER be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, nurses, dentists, and staff to perform any diagnostic procedures, treatments procedures, and operative procedures to the above named individual. I have not been given any guarantee as to the results of any treatment if performed on the above named individual.

I hereby accept any financial responsibility for any and all medical treatment necessary to be administered to the above named CHILD/PLAYER or ADULT in the event of an accident, injury, sickness, etc.

Any representative of KELSEYVILLE YOUTH FOOTBALL & CHEERLEADING is designated to act in my behalf until I have been contacted:

Signature: _____

ONLY PARENT OR LEGAL GUARDIAN IS TO SIGN THIS FORM:

and

GENERAL RELEASE

I understand the above named CHILD/PLAYER assumes any and all risks that might be associated with the activities that he or she may be involved in and release all rights and claims for damages which the above named CHILD/PLAYER or ADULT, heirs, executors, administrators assign, or as I may have against KELSEYVILLE YOUTH FOOTBALL LEAGUE & CHEERLEADING its directors, coaches, officials, teachers, or representatives for any and all injuries or damages of any kind as a result of their participation.

Date of birth _____ for the above named individual.

Date of last tetanus Booster _____ for the above named individual.

Known allergies and reactions of the above named individual, including any allergies to medicine:

Any other special medical problems that should be noted about the above named individual.

List any medications that the above named individual will be bringing with them:

Family Physician _____ Phone Number _____

Names of Parents/Guardians: _____

Address: _____

City/State/Zip: _____

Person Responsible for charges (if different than above) _____

Address: _____

City/State/Zip: _____

Phone: _____ Work Phone: _____ Other: _____

Other Person to notify if parent/guardian is unavailable: _____

Phone: _____ Work Phone: _____ Other: _____

Insurance Company _____ Policy or Group Number _____

Signature of Parent/Guardian _____

Date: _____