



### Player Medical Release Form

Player Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Team: \_\_\_\_\_

#### Parent & Guardian Authorization

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician).

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

Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ BC Care Card #: \_\_\_\_\_

#### In case of emergency contact:

\_\_\_\_\_  
Name Phone Relationship to Player

\_\_\_\_\_  
Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication.(i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

*The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.*

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

Mr./Mrs./Ms.

\_\_\_\_\_  
Authorized Parent/Guardian Signature

*Warning: Protective equipment cannot prevent all injuries a player might receive while participating in soccer.*