



# MEDICAL RELEASE

This is to certify that \_\_\_\_\_, has my permission to participate in soccer training, tournaments and games with the Texas Soccer Club in various locations in the United States. I understand that airline, automobile and other means of travel to and from these events will be necessary. As the parent or legal guardian of the above-named player, I request that in my absence the said player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed Doctor of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures, x-ray treatments and anesthetics as may be necessary in the diagnosis and treatment of the of the above named minor. I have not been given a guarantee as to the results of the examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above person.

Date of Child's Birth \_\_\_\_\_ Date of Last Tetanus Booster \_\_\_\_\_

Known Allergies of Child (Including Medication) \_\_\_\_\_

My Child has the following Medical Problem (s), which should be noted \_\_\_\_\_

\*\*\*\*\*  
Family Physician \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_  
\*\*\*\*\*

Next of Kin to Notify \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Close Friend \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Person Responsible for Charges \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ Work Phone Number ( ) \_\_\_\_\_  
\*\*\*\*\*

Primary Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Secondary Insurance Carrier \_\_\_\_\_  
\*\*\*\*\*

In witness of our consent and agreement to the medical authorization specified herein, we have subscribed our signature(s) on this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

\_\_\_\_\_  
Parent or Guardian

Subscribed and sworn to before me, the undersigned NOTARY PUBLIC, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, in and for the State Of Texas