



Medical Release Form

Player's Name: _____ VYSA Team: _____

- Should the above named participant become ill or sustain an injury and a parent or guardian cannot be contacted, permission is granted to call a licensed physician for treatment or to transport the above named participant to a hospital emergency room for treatment.

Parent/Guardian Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Home/Cell Phone: _____
Work Phone: _____

Physician Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone: _____

Hospitalization Insurance: NO / YES (circle one)
Insurance Carrier: _____
Policy / Medicaid #: _____
Allergies: _____
Drug Reactions: _____
Other: _____
Tetanus Immunization Date: _____
Does your child have any unusual or physical reactions that would require immediate attention? Yes / No (circle one)
Special Instructions / Medical Information: _____ _____

Emergency Contact (if you are unavailable): _____

Phone Number: _____ Relationship to Child: _____

(Parent or Legal Guardian Printed Name)

(Parent or Legal Guardian Signature)

(Date Signed)

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