

Divine Savior School Medical Release Form (one form per child)

Complete as much information as possible.

As the parent/legal guardian of _____, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, a dentist, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment.

Date of Athlete's Birth _____

Known allergies of this athlete, including allergies to medicine:

Any other medical problems which should be noted:

Family Physician _____ Phone _____

Insurance Carrier and # _____

Name of Parent/Guardian _____

Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____

Person to notify if Parent/Guardian is unavailable (name and phone number)

Signature of Parent/Guardian _____

Date _____