

BlackHills Football Club

Medical Release Form

As the parent/legal guardian of _____ ,
I request in my absence the above named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentist and staff duty 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 as the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue from the above named player.

Date of Birth of Player ___/___/___ Date of Last Tetanus booster ___/___/___

Known medication and food allergies of
player _____

Medications taken by
player _____

Medical History of player

Family Physician _____ Phone (____) _____

Name of Parent / Guardian _____ Phone (____) _____

Name of Parent / Guardian _____ Phone (____) _____

Address _____

Apt _____ City _____ State _____ Zip _____

Emergency Contact #1 _____ Phone (____) _____

Emergency Contact #2 _____ Phone (____) _____

Insurance Provider _____ PolicyNumber _____

Name of Policy Holder _____ Phone (____) _____

Signature of
Parent/Guardian _____ Date _____