Rockledge Steelers

Medical Release

I, _____ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child _____ (Child's Name) in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such a time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

Address:_____
City_____ / Florida / Zip_____
Home Phone:_____ Cell:_____ Work Phone:_____
Insurance Co: _____ Policy Number: _____

In case I cannot be reached, any of the following persons is designated to act on my behalf:

- Coach: _____
- Asst Coach: _____
- Manager: _____
- League representative where my child is playing:
- Any tournament representative where my child is participating in a tournament.

Family Physician:_____
Address: _____
Phone: _____

Players Date of Birth ____/___/_____ Date of last Tetanus Booster____/___/____
Month Day Year Month Day Year

Known allergies of this player, including any allergies to medications: _____
_____

Any other medical problems which should be noted: _____
_____

Signature (Parent/Guardian) _____ Date_____

STATE OF _____ JURAT

COUNTY OF _____

The forgoing instrument was acknowledged before me this _____ By,
_____ Who is personally known to me or who has produced
_____ as identification.

_____ _____Date:_____
NOTARY PUBLIC-STATE OF FLORIDA Print, type or stamp name of Notary

rev 6/18/2007