



MEDICAL RELEASE FORM

Player's Name: _____

First

Middle

Last

Date of Birth: _____

Parent's (Guardian's) Name: _____

Address: _____

Home Phone Number: _____ Work Phone: _____

If parent/guardian cannot be reached

Additional contact name: _____

Address: _____ Phone: _____

Family Physician: _____ Phone: _____

Health Insurance Company: _____

Name on policy: _____ Policy Number: _____

ALLERGIES TO (please be specific):

Medicines: _____

Foods/Pollens: _____

Insect Bites/Bee Stings: _____

Any known medical problems: _____

Current medications: _____

I hereby state that the above medical information is complete and current to the best of my knowledge. I herein give my permission for Milford Football Club to seek appropriate emergency medical care for my child should such be needed. I understand that Milford Football Club will not pay for nor provide any insurance for any such care.

Parent/Guardian Signature: _____ Date: _____