

RICHMOND STRIKERS RECREATION
Medical Release

Please Print

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

Player's Name: _____

Player's Date of Birth: _____

Known Allergies: _____

Medical Concerns: _____

Date of Last Tetanus Shot: _____

Current Medications: _____

Physician's Name: _____ Phone: _____

Father's Full Name: _____

Telephone: _____ (H) _____ (W)

Mother's Full Name: _____

Telephone: _____ (H) _____ (W)

Address: _____

City: _____ State: _____ Zip Code: _____

Insurance Company: _____

Policy Number: _____ Group Number: _____

Coach: _____ Assistant Coach: _____

Parent/Guardian Signature: _____

Date: _____