



WHITTEWATER FIELD HOCKEY FESTIVAL MEDICAL RELEASE FORM 2009

**Please print, complete, and return this form to your coach.
(Your coach must show a medical release form for each player at registration.)**

I hereby give permission for any and all medical attention necessary to be administered to my child (name) _____ in the event of accident, injury, sickness, etc., under the direction of either of the person(s) designated below, until such time as I may be contacted. If neither of the person(s) designated below can be contacted, I give permission for treatment of my child as may be required subsequent to a determination made by the appropriate health care professional who is present. This release is effective until revoked, in writing, by me. I also hereby assume responsibility for payment of such treatment.

Name (Guardian): _____ Phone (Home): _____

Phone (Work): _____ Phone (Cell): _____

Address: _____

City: _____ State: _____ Zip: _____

Insurance company: _____

Insurance policy number: _____

In case I cannot be reached, either of the following is designated:

Coach: _____ Phone: _____

Physician: _____ Phone: _____

Physician's address: _____

Known allergies of child: _____

Signature (guardian): _____

Guardian's name (print): _____

Date: _____