Northwest Nationals Premier Soccer Club

Form #NWN F002 - Medical Release Form

As the parent / legal guardian of _____, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry of 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 the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of Players Birth _____ /_____/_____ Date of last Tetanus Booster _____ /_____ /_____
Month Day Year Month Day Year

Known allergies of this player, including any allergies to medicine_____

_____

Any other medical problems which should be noted_____

_____

Family Physician_____ Phone(_____)_____

Name of Parent or Guardian_____

Address_____

City / State / Zip Code_____

Phone H(_____)_____ W(_____)_____ Fax(_____)_____

Person responsible for charges (if different from above)_____

Address_____

City / State / Zip Code_____

Phone H(_____)_____ W(_____)_____ Fax(_____)_____

Person to notify if parent / guardian is unavailable_____

Phone H(_____)_____ W(_____)_____ Fax(_____)_____

Insurance Carrier_____ Policy Number_____

Signature of Parent / Guardian_____

** ***Note***: *This "Medical Release Form" template was designed using the Washington State Youth Soccer Association (WSYSA) Medical Release Form as a model. This will ensure consistency between NWN and WSYSA forms management.* **