



# SPECIALIZED NEEDS RECREATION SPORTS PROGRAM MEDICAL RELEASE FORM

**NOTE:** To be carried by coach at all events, practices, etc.

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Player's Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**The parent/guardian section is only required if the player is a minor or if it applies.**

**MEDICAL AUTHORIZATION:** In case of emergency, if family physician cannot be reached, I hereby authorize myself or my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST/Country: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Parent Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group ID#: \_\_\_\_\_

SNR Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ SNR R/Group ID#: \_\_\_\_\_

**EMERGENCY CONTACTS (IN THE EVENT A PARENT/LEGAL GUARDIAN CAN'T BE REACHED):**

\_\_\_\_\_  
Name Relationship Phone Number

\_\_\_\_\_  
Name Relationship Phone Number

\_\_\_\_\_  
Name Relationship Phone Number

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. \_\_\_\_\_

Player or Authorized Parent/Guardian Signature

Date: