



BRYC MEDICAL RELEASE FORM

As the parent/legal guardian of _____, in the event that emergency medical treatment is deemed to be necessary, 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 or other such licensed technicians or nurses, to perform any necessary 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.

Player's Birth Date: _____

List any medical problems or prohibitions (medicines being taken; allergies, including allergies to medicine; last tetanus shot; medical history such as diabetes, heart disease, asthma, etc.):

Player's Physician: _____ Phone: _____

Name of Parent/Guardian: _____

Address: _____

City/State/Zip Code: _____

Phone: (Home) _____ (Cell Phone) _____

Insurance Carrier: _____

Policy/Group Number: _____

Person responsible for charges (if different from above): _____

Address: _____

City/State/Zip Code: _____

Phone: _____

Person to notify if parent/guardian is unavailable: _____

Phone: _____

Signature of Parent/Guardian _____ Date _____

This form is to be completed by the player's parent/guardian and kept by the coach and must be available at all practices and games.