



Florida West F.C. Medical Release Form

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

Address: _____

Home Phone: Insurance Comp: Policy Number: _____

In case I cannot be reached, any of the following persons is designated to act on my behalf.

Coach: _____

Assistant Coach: _____

Manager: _____

*A league representative where my child is playing.

*Any tournament representative where my child is participating in a tournament.

Physician: _____

Address: _____

Phone: _____

Known Allergies: _____

Signature (Parent/Guardian) _____

Date: _____

FLORIDA WEST F.C.

www.floridawestfc.com