

BREWSTER ROCKETS

MEDICAL RELEASE

PARENT OR GUARDIAN'S AUTHORIZATION

In case of an emergency, if family physician cannot be reached, I hereby authorize my daughter to be treated by another qualified, licensed physician who is available.

Player's name: _____

Date of Birth: _____ Age: _____ Grade: _____

Family Physician: _____ Phone: _____

Allergies: _____

Date of last Tetanus booster: _____ Blood Type: _____

Contacts: yes / no _____ Glasses: yes / no _____ Braces: yes / no _____

Any know condition that coaches or emergency personnel should be aware of (Asthma, medicines, attention deficit disorder, heart murmur) the more information you can give the better:

PERSONAL INFORMATION

Medical Insurance: _____ Policy #: _____

Mother: _____ Father: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Emergency Contacts:

1) _____ Phone: _____

2) _____ Phone: _____

Parent or Guardians Signature:

_____ Date: _____