

MEDICAL RELEASE FOR MINOR CHILD

I, _____, Parent or Legal Guardian of _____,

a minor child, hereby authorize any Medical or Surgical treatment which may be necessary in an emergency, and in my absence, for the well being of the above mentioned minor. I agree to hold the physician or hospital treating the above mentioned minor, harmless.

Address and contact information:

Insurance Information:

The above mentioned minor has the following allergies or Medical conditions:

Name of Company _____

Policy # _____ Group # _____

Signature _____

**This document should be used in the event you
DO NOT have a Medical Release from either
US Youth Soccer nor US Club Soccer.**