

Player Information/ Medical Release

(Complete one per player)

Player Name: _____ Date of Birth _____
 Player t-shirt size _____ Gender: _____
 Insurance Provider _____
 Policy Number _____
 Family Doctor _____ Phone Number _____
 Hospital Preference _____

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder). Please note if the child is under the current care of a physician or psychologist.

Medical Diagnosis or condition	Medication	Dosage	Frequency of Dosage

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.

Emergency Contact Information (will be contacted if parent/guardian unavailable)

Name: _____

Phone numbers: _____

Relationship: _____

Does this person have written permission to authorized medical treatment for your child? _____

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

I also acknowledge that I have fully disclosed all conditions that are necessary for medical personnel to treat my child, and that I know of no reason why my child cannot participate in the physical activities of the Mustang basketball program.

Parent's Signature _____ Date _____

Parent's Name (Please Print): _____