



Carmel Sports Association Medical Release

Note: To be carried by any regular season or Tournament team manager together with team roster or eligibility affidavit

Player: _____ Date of Birth: _____
Address: _____ Player's phone #: _____
City: _____ State / Zip Code: _____

Parent or Guardian Authorization:

In case of an emergency, if the family physician cannot be reached, I/we authorize my child to be treated by Certified Emergency Personnel (ie. EMT, First Responder, ER Physician).

Family Physician: _____ Phone: _____
Physician's Address: _____
Hospital of Preference: _____
Insurance Carrier & Policy Number: _____

In case of emergency, contact:

Name Phone Relationship to child

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Please list any allergies/medical concerns, including those requiring maintenance medication (ie. Diabetic, Asthma, Seizure Disorder, Bee Stings, etc.).

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical concern that may interfere with or alter medication.

Date of last Tetanus Toxoid Booster: _____ Allergic to any medications: _____
YES/NO

Mr./Mrs./Ms.: _____ Date: _____
Authorized Parent/Guardian Signature

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in sports activities.

Carmel Sports Association (CSA) does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, or religious preference.