



*IDAHO YOUTH SOCCER ASSOCIATION
MEDICAL RELEASE FORM*

Coach's copy - to be carried by coach to all games and practices.

Player's Name _____ Home Phone _____

Address _____ City/Zip _____

Parent/Guardian Name _____ Relationship _____

Parent/Guardian Address _____ City/Zip _____

Parent/Guardian Home Phone _____ Work Phone _____

Parent/Guardian Home Phone _____ Work Phone _____

Person To Notify In Case of Emergency _____

Home Phone _____ Work Phone _____

Doctor To Notify In Emergency _____ Phone _____

Hospital Preference, if any _____ City _____

List Any Medical Problems Or Conditions Player Has (include allergies and medications currently taking)

Family Insurance Information:

Insurance Company _____ Child's Birth Date _____

Address _____ City/State/Zip _____

Subscriber Name _____ Do You Have A Dental Program _____

Subscriber Number _____ Group Number _____

Subscriber Address _____ City/Zip _____

I hereby give my consent for all medical care prescribed by a duly licensed Doctor of Medicine for the above minor as his/her parent or legal guardian. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. To the best of the undersigned's knowledge, all of the above information is true and accurate.

Signed _____

Date _____