

20__ PONDER PALS MEDICAL RELEASE FORM

Player Name: _____

Family Physician: _____ Phone: _____

Address: _____ City: _____

Hospital Preference: _____

In case of an emergency, contact:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Please list any allergies/medical conditions, including those requiring maintenance medications:

Condition	Medication	Dosage	Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Allergies: _____

Date of last tetanus booster: _____

Parent or Legal Guardian Authorization:

In case of an emergency, if I, or the family physician, cannot be reached, I _____,
hereby authorize my child, _____, D.O.B _____
to be treated by a certified Emergency Personnel (i.e. EMT, First Responder, ER Physician).

Parent/Legal Guardian

Date