

Medical Release Form

Participant Information

Player Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Emergency Contact Number: _____

Medical Information

Does the participant have any allergies, medical conditions, or injuries?

Current

Medications:

Medical Insurance Provider:

Policy Number:

Authorization for Medical Treatment

In the event of an emergency, I authorize the Prime Play "The Lab" Genesis Edition 2026 staff and medical personnel to obtain medical treatment for the participant if I cannot be reached immediately.

I understand that I am responsible for any medical expenses incurred.

Parent/Guardian Signature: _____

Date: _____