DIAMOND FEVER Organization, INC.

MEDICAL RELEASE – 2017/2018

PLEASE PRINT

PLAYER _____D.O.B. _____
Last First Middle

PARENT/GUARDIAN _____D.O.B _____

HOME PHONE ( ) _____CELL PHONE ( )_____

ADDRESS _____
Street CITY STATE ZIP

PARENT E-MAIL _____

If necessary, the Diamond Fever coaches and/or officers, have my permission to seek medical attention for the above named player. The doctor to whom my child is assigned has my permission to act as he/she deems medically appropriate. I agree to assume financial responsibility for any and all costs incurred.

PARENT/GUARDIAN SIGNATURE_____

Date Signed_____

RELATION TO PLAYER _____

INSURANCE COMPANY _____

POLICY NUMBER_____GROUP NUMBER _____

EMERGENCY CONTACT NAME_____PHONE(____)_____

In the case of an emergency, every effort will be made to contact the parent/guardian at the above numbers before any medical procedures are performed.

ALLERGIES---
Please list any special allergies, medications, or conditions that would be pertinent to a physician. You may continue on the back.

This form must be updated yearly and given to the team's coach.