KC FIRE Track Club
www.KCFIRETrackClub.com
www.Facebook.com/KCFIRETC
info@KCFIRETrackClub.com

KC FIRE TRACK CLUB

MEDICAL RELEASE FORM

As the parent/legal guardian of _____, I request that in my absence the above-named athlete be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of Players Birth _____/_____/_____
Month Day Year

Known allergies of this athlete, including any allergies to medicine
_____

Any other medical problems which should be noted_____

Family Physician _____ Phone ( ) _____-_____

Name of Parent/Guardian_____

Address _____

City/State/Zip_____

Phone Home _____Cell_____Work_____

Person responsible for charges (if different from above) _____

Address _____

City/State/Zip_____

Phone Home _____Cell_____Work_____

Person to notify if parent/guardian is unavailable _____

Phone Home _____Cell_____Work_____

Insurance Carrier _____ Policy Number _____

Signature of parent/guardian_____