

## San Diego SoCal RoadRunners Medical Release Form

I, \_\_\_\_\_ (Parent/Legal Guardian's Name) hereby give permission for any and all medical attention to be administered to my child \_\_\_\_\_ (Child's Name) in the event of an accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I agree to assume sole responsibility for payment of any and all medical, dental, or other expenses incurred as a result of such sickness and/or injury. In my absence, or if I am not able to be contacted, any of the following persons are designated to act on my behalf: Head Coach, Mike Mena; Coach Mark Mena; Assistant Coaching staff, or \_\_\_\_\_ Phone: \_\_\_\_\_

### INSURANCE POLICY - (Holder/Company)

Policy Holder's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to athlete: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Company/Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Insurance Policy#: \_\_\_\_\_ Plan# \_\_\_\_\_

### EMERGENCY CONTACTS

Parent's Cell Phone/Pager: \_\_\_\_\_

Primary Contact/Relationship to Athlete: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_

Secondary Contact/Relationship to Athlete: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_

### PERSONAL PHYSICIAN INFORMATION (Attach Second Page, if necessary)

Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Medical Conditions: \_\_\_\_\_ Current Medications: \_\_\_\_\_

Known Allergies: \_\_\_\_\_ Type of Treatment: \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT (Minor)** as the parent or legal guardian of the above named athlete, I hereby give my consent for emergency medical care prescribed by a license Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent minor.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parents must notify the Head Coach AND Secretary of any changes. Parents Initial** \_\_\_\_\_