



# Orlando Football Club - Medical Release Form

I, \_\_\_\_\_ (Parent / Guardian Name) hereby give permission for any and all medical attention to be administered to my child \_\_\_\_\_ (Child's Name).

In the event of accident, injury, sickness, etc, under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for a period of one year from the date provided below.

\_\_\_\_\_ (Player Name)  
\_\_\_\_\_ (Parent / Guardian Name)  
\_\_\_\_\_ (Home Address)  
\_\_\_\_\_ (Home Phone)  
\_\_\_\_\_ (Insurance Company)  
\_\_\_\_\_ (Policy Number)  
\_\_\_\_\_ (Physician Name)  
\_\_\_\_\_ (Physician Address)  
\_\_\_\_\_ (Physician Phone)  
\_\_\_\_\_ (Known Allergies)

In the event I cannot be reached, any of the following persons is designated to act on my behalf.

- Coach: \_\_\_\_\_
- Assistant Coach: \_\_\_\_\_
- Manager: \_\_\_\_\_
- League / Tournament representative where my child is playing.

\_\_\_\_\_  
Parent/Guardian Name (Print)      Parent / Guardian Signature      Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Subscribed and sworn before me,  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public Name

\_\_\_\_\_  
Notary Public Signature

My commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_.

