BROWNS MILL CIVIC AND ATHLETIC ASSOCIATION

TEAM MEDICAL RELEASE FORM

ORIGINAL TURNED IN AT CERTIFICATION
COPY MAINTAINED IN TEAM BINDER

The parents/guardians of the below-named members of the _____ team, registered with **BROWNS MILL CIVIC ATHLETIC ASSOCIATION**, hereby give our permission for the TEAM MANAGER, TEAM PARENT, or BOARD MEMBER seek medical assistance for my/our child in case of illness or injury in my/our absence.

MEDICAL RELEASE FORM

NAME OF CHILD	SIGNATURE OF PARENT/GUARDIAN	KNOWN EXISTING MEDICAL OR PHYSICAL CONDITION OR ALLERGIES