

LAKE WASHINGTON YOUTH SOCCER ASSOCIATION

12312 134th Court NE Redmond, WA 98052 Phone: 425-821-1741

MEDICAL RELEASE FORM

Parents: Complete this form and return it to your player's Coach or Team Manager. Coaches/Managers: Keep forms with players at all LWYSA/WSYSA activities. In the event of injury requiring emergency medical attention, this form should accompany the player to the medical facility.

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		PERSONAL INFORMATI	ON - PLEAS	SE PRINT NE	ATLY		
Player	Last	First	Birth Da	ate	Male Female		
Mother	Last	First	Phone		Email		
Father	Last	First	Phone		Email		
Address			City		State Zip		
Alternate Contact			Relation	nship	Phone		
Address			City		State Zip		
Physician	Last	First	Phone	Day	Emergency		
Local Hospital or Medical Facility Preference							
Insurance Carrier:			ID#	ID#			
Person responsible for charges (if different from above):							
		MEDIC	AL HISTOR	Υ			
Note: LWYSA may require a physician's release for participation							
Allergies				ription Meds			
Drug Allergies				etanus Booster	Date	_	
		y condition that could potentially linterior activities? Yes N	mit his/her phys lo If Yes, p		ease risk of injury as a result	t	
		PAREN'	T'S CONSEN	NT			
As the parent or legal guardian of the above registered participant, I request that, in my absence, the above-named player 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 any 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.							
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