BRYC MEDICAL RELEASE FORM

event that emergency medical tre that in my absence the above-named player be a diagnosis and treatment. I request and authorize Doctors of Medicine or Doctors of Dentistry or oth perform any necessary diagnostic procedures, tre x-ray treatment of the above minor. I have not be examination or treatment. I authorize the hospital or tissue taken from the above-named player.	physicians, dentists, and staff, duly licensed as ner such licensed technicians or nurses, to eatment procedures, operative procedures and en given a guarantee as to the results of
Player's Birth Date:	
List any medical problems or prohibitions (medici to medicine; last tetanus shot; medical history su	
Player's Physician:	Phone:
Name of Parent/Guardian:	
Address:	
City/State/Zip Code:	
Phone: (Home)	(Cell Phone)
Insurance Carrier:	
Policy/Group Number:	
Person responsible for charges (if different from a	above):
Address:	
City/State/Zip Code:	
Phone:	
Person to notify if parent/guardian is unavailable:	
Phone:	
Signature of Parent/Guardian	Date

This form is to be completed by the player's parent/guardian and kept by the coach and must be available at all practices and games.