

Weld County Football League Medical Release Form

Player Name:		Grade:	
Parent/Guardian:		School:	
Address:	City:	State:	Zip:
Home Phone Father:	Work Phone Father:		
Home Phone Mother:	Work Phone Mother:		
In an emergency, if parents cannot be contacted, please contact:	Name:	Phone:	

Physician:		Physician Phone:	
Address:	City:	State:	Zip:
Medical Insurance Carrier:	Insurance Carrier Phone:		
Policy Number:	Group ID#:		
Allergies to Medicines:			
Chronic Illness (ex. Asthma, etc.):			

Vision/Hearing Impaired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Glasses/Contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any other information you feel we should know about your child?		
Does your insurance company need to be notified before your child is taken to a hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Preferred Hospital:	Phone:
Address:	City:

As a parent/guardian of a child who participates in sports, I realize injuries may occur and that my child might need to be taken to a hospital. By signing this form, I give my permission for emergency treatment to be given.

Parent or Guardian:	Date:
---------------------	-------

I do not hold the Weld County Football League or our respective Organization liable for any accident or injury incurred while playing/practicing to play the game of football, or any of the aforementioned sports.

Player Signature:	Date:
-------------------	-------

Parent or Guardian:	Date:
---------------------	-------