



**UNITED FUTBOL ACADEMY
MEDICAL RELEASE FORM**
www.UnitedFA.org

I, _____ (Parent/Guardian's 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 people 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 the period of one year from the date given below.

ADDRESS			
HOME PHONE		CELL PHONE	
INSURANCE COMPANY			
POLICY NO.		NAME OF INSURED	

In case I cannot be reached, any of the following individuals are designated to act on my behalf.

- COACH _____
- ASSISTANT COACH _____
- MANAGER _____
- Any league representative where my child is playing.
- Any tournament representative where my child is participating in a tournament

PHYSICIAN	
ADDRESS	
PHONE	
KNOWN ALLERGIES	

SIGNATURE (PARENT/GUARDIAN) _____ DATE _____

Subscribed and Sworn before me,

This _____ day of _____, 20____

Notary Public