



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 signed below.

ADDRESS

HOME PHONE

CELL PHONE

INSURANCE COMPANY

POLICY NO.

PHYSICIAN'S NAME

PHYSICIAN'S ADDRESS

PHYSICIAN'S PHONE

KNOWN ALLERGIES

In case I cannot be reached, I authorize my coach, asst. coach, team manager or any league or tournament representative where my child is playing to act on my behalf and obtain medical assistance for my child, if necessary.

Has player ever experienced a Concussion/TBI (jolt to the head or body) and/or Sudden Cardiac Arrest (SCA) with or without diagnosis?

Yes _____ No _____ If yes, TBI or SCA, when? (month/year): _____

Did player experience any of these symptoms after receiving a TBI/jolt to the head or body or signs of an SCA?

Yes _____ No _____

Warning signs of TBI: headache or "pressure" in head, nausea or vomiting, balance problems or dizziness, double or blurry vision, bothered by light or noise, feeling sluggish, hazy, foggy, or groggy, confusion, concentration or memory problems, just not "feeling right," or "feeling down"

Warning signs of SCA: fainting, difficulty breathing, chest pains, dizziness, and abnormal heart rate

Has player experienced more than one TBI/SCA?

Yes _____ No _____

If yes, TBI or SCA, how many? _____ Dates (month/year): _____

Has player ever received medical attention for a TBI/SCA?

Yes _____ No _____

If yes, TBI or SCA, when? (month/year): _____

If yes, please describe the diagnosis and circumstances: _____

What date was the player cleared to Return To Play by the medical professional? _____

For more information on UFA's Concussion/Traumatic Brain Injury (TBI) and Cardiac Arrest Awareness, visit our website at www.unitedfa.org, choose your branch location, click on About Us/Resources/Forms & Policies and click the appropriate link.

SIGNATURE (PARENT/GUARDIAN)

DATE