



LAKELAND JR. TACKLE FOOTBALL MEDICAL RELEASE

Player Emergency Contact and Medical Information

_____ Child's Name		_____ Date of Birth	
_____ Parent's/Guardian's Name		_____ Parent's/Guardian's Name	
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone
_____ Address		_____ Address	
_____ City, ST ZIP Code		_____ City, ST ZIP Code	

Alternative Emergency Contacts

_____ Primary Emergency Contact		_____ Secondary Emergency Contact	
() _____ Home Phone	() _____ Work Phone	() _____ Home Phone	() _____ Work Phone
_____ Address		_____ Address	
_____ City, ST ZIP Code		_____ City, ST ZIP Code	

Medical Information

Hospital/Clinic Preference

_____ Physician's Name	_____ Phone Number
_____ Insurance Company	_____ Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

_____ Parent's/Guardian's Signature	_____ Date
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I release Lakeland Jr. Tackle Football, its board members and coaches from liability in case of accident during activities related to the Football Season such as drills, practices, games and football camp as long as normal safety procedures have been taken.

_____ Parent's/Guardian's Signature	_____ Date
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