

**BLAZER MIDGET FOOTBALL AND CHEERLEADING MEDICAL RELEASE FORM
A DIVISION OF BLAZER YOUTH SPORTS**

Player's Name _____ Date of Birth _____/_____/_____

Address _____

Phone Number (Player's Residence) _____

I hereby give my permission for the administration of medical treatment to my child _____
in the event of any accident, injury, or illness until such time as I can be contacted personally. I hereby assume the responsibility for any and all
financial obligation which might arise from the treatment and/or transportation to a medical facility.

Parent or Guardian Information PHONE NUMBER MUST BE PROVIDED

Mother's Name _____ Phone # _____ Cell _____

Address _____

Father's Name _____ Phone # _____ Cell _____

Address _____

In the event that I cannot be reached, the following have my permission to give additional approval for treatment:

1.) Name _____ Phone # _____ Cell _____

Address _____

2.) Name _____ Phone # _____ Cell _____

Address _____

Signature and Date

Please provide the following information

Insurance Carrier _____ Policy # _____

Family Physician _____ Phone # _____

Address _____

Family Dentist _____ Phone # _____

Address _____

Family Optometrist _____ Phone # _____

Address _____

1.) In the event that transportation to hospital is necessary, which is your preference _____ Pottstown _____ Reading _____ St. Joe's

Other: _____

2.) Is the player prone to any specific injuries or conditions (fainting, nosebleeds, asthma, etc)? _____ YES _____ NO

If YES, please specify _____

3.) Does the player have any known allergic reactions (bee stings, poison ivy, medications, foods, etc)? _____ YES _____ NO

If YES, please specify _____

4.) Does the player have any other medical conditions that the coaches need to be aware of? _____ YES _____ NO

If YES, please specify _____

Grade (as of September 1st) Year _____ Grade _____ Year _____ Grade _____ Year _____ Grade _____ Year _____ Grade _____