



KIEFER

YOUTH SPORTS MEDICAL INFORMATION AND RELEASE FORM



Player's Name _____

D.O.B _____

Father's Name _____ Home Phone _____

Work Phone _____ Cell Phone _____ Email _____

Mother's Name _____ Home Phone _____

Work Phone _____ Cell Phone _____ Email _____

Emergency Contact _____ Phone _____

MEDICAL INFORMATION:

Family Physician's Name _____

Phone _____ Address _____

Allergies and/or Medical Conditions (list): _____

Medications (list): _____

Date of Last Tetanus booster _____

Person Responsible for Charges (if different then from above) _____

Insurance Company _____ policy # _____

I/we hereby grant consent to any and all health care providers to administer any necessary medical care as a result of injury/illness. This consent includes First Aid and transportation to/from health care providers.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

NOTE: This release is to be carried by head/assistant coach to all practices and games.

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in athletic activities.