



## GSA MEDICAL RELEASE FORM

I hereby give permission for my child, \_\_\_\_\_, to receive any and all medical attention required. In the event of accident, injury, sickness, etc., under the direction of the person(s) 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: \_\_\_\_\_  
INSURANCE COMP: \_\_\_\_\_  
POLICY NUMBER: \_\_\_\_\_

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

- Coach: \_\_\_\_\_
- Team Manager: \_\_\_\_\_
- A league representative where my child is playing.
- Any tournament official where my child is participating in a tournament

PHYSICIAN: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
KNOWN ALLERGIES: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian

Subscribed and sworn before me,

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public