



Medcenter One
medcenterone.com

Medical Release Form

This information is needed regardless of your primary care facility in the event of an emergency when you can not be reached.

Athlete's Name: _____ Parents or Guardian: _____

Address: _____

Phone (work): _____ (home): _____

Policy Holder's Name: _____ Medical Insurance Company: _____

Policy Number: _____ Group Number: _____

Primary Care Facility: _____

Allergies: (Bee stings, drugs, etc.) _____

Other Medical Conditions: (Diabetes, asthma, etc.) _____

All of the preceding information is complete to the best of my knowledge.

Signed _____ Date _____
Parent/Guardian



Medcenter One
medcenterone.com

Medical Care Release Form

I (we) _____ do hereby grant permission to the attending physician and/or emergency medical personnel to execute any and all necessary and indicated medical and/or first aid procedures on _____ (athlete's name).

I (we) understand that there will be an effort to contact me (us) before any procedures are carried out, if possible, however, I (we) understand that there may be a situation in which emergency care must be undertaken immediately by the attending physician and/or emergency medical personnel. I (we) hereby give consent to the above mentioned persons to carry out such procedures indicated.

Signed _____ Date _____
Parent/Guardian