



**IDAHO YOUTH SOCCER ASSOCIATION
MEDICAL RELEASE FORM**

Coach's copy - to be carried by coach to all games and practices.

Player's Name _____	Home Phone _____
Address _____	City/Zip _____
Parent/Guardian Name _____	Relationship _____
Parent/Guardian Address _____	City/Zip _____
Parent/Guardian Home Phone _____	Work Phone _____
Parent/Guardian Home Phone _____	Work Phone _____
Person To Notify In Case of Emergency _____	
Home Phone _____	Work Phone _____
Doctor To Notify In Emergency _____	Phone _____
Hospital Preference, if any _____	City _____

List Any Medical Problems Or Conditions Player Has (include allergies and medications currently taking)

Family Insurance Information:

Insurance Company _____	Child's Birth Date _____
Address _____	City/State/Zip _____
Subscriber Name _____	Do You Have A Dental Program _____
Subscriber Number _____	Group Number _____
Subscriber Address _____	City/Zip _____

I hereby give my consent for all medical care prescribed by a duly licensed Doctor of Medicine for the above minor as his/her parent or legal guardian. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. To the best of the undersigned's knowledge, all of the above information is true and accurate.

Signed _____ Date _____