



Los Alamos Youth Soccer League

P.O. Box 649, Los Alamos, NM 87544

<http://www.laysl.org> e-mail: laysl@laysl.org

Phone: 505.412.4153

Medical Release Form

As the parent/legal guardian of _____, I request that in my absence the before named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the before mentioned minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the before named minor.

Players Birth Date: _____ Date of Last Tetanus Booster: _____

Known allergies, including to medicine: _____

Other medical problems which should be noted: _____

Family Physician: _____ Phone: _____

Name of Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____

Person responsible for bills (if different from above): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____

Emergency contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____

Printed name of Parent/Guardian: _____ Date: _____

Signature: _____