



SYC Virginia Lady Legends Fastpitch Softball Medical Release Form

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

I hereby appoint _____ (or authorized team agent) of lawful age, as my agent and representative for the purpose of authorizing and consenting to medical care and treatment or hospital care of my daughter, _____, for any illness or injury that may occur while such person is in the care or custody of the agent while I am away, on vacation, or otherwise not immediately available to give such consent.

My daughter has the following medical conditions or allergies, which should be noted in case of sickness, accident, or injury (e.g., asthmatic, diabetic, allergies to specific drugs, hyper reaction to bee stings, bleeds easily, etc.) Please indicate NONE if there are no known problems or conditions.

<u>Medical Diagnosis</u>	<u>Medication</u>	<u>Dosage</u>	<u>Frequency of Dosage</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Parent or Legal Guardian

Date

Relationship to Child

Insurance Company

Address

Policy Number

City / State / Zip

Name of Personal/Family Physician

Home Telephone Number

Physician's Telephone

Emergency Telephone Number

Hospital Preference