

**MEDICAL RELEASE FORM  
FOR  
NORTHMONT HIGH SCHOOL TOURNAMENT**

As the parent/legal guardian of \_\_\_\_\_,  
I request that in my absence the above named player be admitted to a hospital 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 above minor.

Date of Players Birth: \_\_\_\_\_

Date of Last Tetanus Booster: \_\_\_\_\_

Allergies including medications: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Person Responsible for charges **if** different from above: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Person to notify if parent/guardian unavailable: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_