

South Dakota Soccer Association

Affiliated with US Youth Soccer and USSF

Medical Release

I hereby give my permission for any and all medical attention necessary to be administered to my child, _____ In the event of an accident, injury, sickness, etc. under the direction of the person(s) listed below, until such time as I may be contacted. This release is effective for a period of one year from the date given below. I also hereby assume the responsibility for payment of any such treatment.

My address is _____

City _____ State _____ Zip _____

Phone: _____ (Home) _____ (W) _____ (C)

My insurance company is: _____
through _____

My policy number is _____

In case I cannot be reached, either of the following is designated:

Coach: _____
(name, area code, telephone number(s))

Assistant Coach: _____
(name, area code, telephone number(s))

Our physician is: _____

(area code, telephone number)

Known Allergies: _____

Signed: _____
(Parent)

Date: _____