

Armstrong Cooper Youth Football Association
Emergency Medical Release Form

In the event that my child named below is injured during a practice, game or tournament at which I am not present, and if medical attention is required, I hereby authorize the team coach, assistant coach, manager, or other person designated by team leadership to sign any necessary medical treatment or release forms on my behalf.

PLAYERS NAME: _____

FAMILY DOCTOR OR CLINIC: _____

ADDRESS: _____

PHONE: _____

DENTIST: _____

ADDRESS: _____

PHONE: _____

HOSPITALIZATION PLAN: _____

POLICY NUMBER: _____

PERSON TO BE NOTIFIED IF UNABLE TO CONTACT PARENTS/GUARDIAN:

NAME: _____ **PHONE:** _____

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

(These signed forms are to be kept in the medical kit bag in case of emergency)