



## Medical Release Form

On this date \_\_\_\_\_ I, the undersigned parent and (or) legal guardian of said named child (minor) \_\_\_\_\_ agree to all terms set forth herein and here forth. Furthermore I request in the event of personal injury to my child, the above named be admitted to any hospital or medical facility in my absence for diagnosis and treatment from this date \_\_\_\_\_ forward. I request and authorize physicians, dentists and staff, duly licenses as Doctors of Medicine or Doctors of treatment procedures and operative procedures and x-ray treatment deemed necessary of the above named 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 above named player.

Furthermore, I  authorize/  do not authorize the Kids World Staff to change my child's diaper if needed.

Child's Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Known allergies of this player including allergies to medication:

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Any other medical problems which should be noted:

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Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

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

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Parent/Guarndian's Signature \_\_\_\_\_