



MEDICAL CONSENT FORM

Player Information:

First Name _____ M.I. _____ Last _____
Address _____ City _____ Zip _____
Phone _____ Birth Date ____/____/____ Gender M F Age Group U- _____

Parent/Guardian Information:

Name _____ Work Phone _____
Address _____ Cell Phone: _____

Parent/Guardian Information:

Name _____ Work Phone _____
Address _____ Cell Phone: _____

Emergency Information:

Person to Contact in case of emergency, other than parent:

Name _____ Work Phone _____
Cell Phone _____ Home Phone _____
Family Physician: _____ Phone _____

List any medical conditions or problems player has, including allergies and medications:

Insurance information:

Insurance company: _____ Phone (_____) _____ - _____
Policy number: _____ Group number: _____

The undersigned does further authorize the officer, leader, coach or agent(s) of Meridian United Soccer to transport as required the above minor to and from sponsored activities in the event of an emergency. I also hereby give my consent for all emergency medical care for the above minor as his/her parent or legal guardian. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature of Parent/Guardian _____ Date: _____