



NNYSA Player Emergency and Medical Release Form



This Medical Form, along with the team roster, must be carried by the Team Manager (Coach) at all times (practice and games) in the event medical treatment for a player is required and the parent/guardian is not available.

Player Information **PLEASE PRINT CLEARLY**

Player's Name _____
Gender M/F _____ Date Of Birth _____ Got Soccer Ins # _____
Player's Address _____ City / State / Zip _____

Parent/Guardian Contact Information **1ST CONTACT IN CASE OF EMERGENCY**

Parent/Guardian Name _____ Relationship to Player _____
Home Phone _____ Mobile Phone _____ Work Phone _____
Parent/Guardian Name _____ Relationship to Player _____
Home Phone _____ Mobile Phone _____ Work Phone _____

If Parent/Guardian Cannot be Reached Contact **2ND CONTACT IN CASE OF EMERGENCY**

Name _____ Relationship to Player _____
Home Phone _____ Mobile Phone _____ Work Phone _____

MEDICAL AND ALLERGY INFORMATION

Please note any medical conditions or allergies (including food allergies) we need to know about the player:

ANY MEDICAL PROBLEMS - Y / N _____ If yes, please list any allergies/medical problems, including those that require maintenance medication. (E.g. Diabetic, Asthma, Seizures)

ALLERGIC TO ANY DRUGS - Y / N _____ If yes, please list the drugs _____

Concussion Information

Has the player ever had a previous concussion? - Y / N _____ If yes, please list any previous concussions and dates they took place.

Tetanus Vaccine **Doctor**
Date of last Tetanus Shot _____ Family Physician _____ Phone _____
Height _____ Weight _____ Contact Lenses Y / N _____

The purpose of the above listed information is to ensure that medical personnel have the details of any medical problem which may interfere with or alter treatment.

Waiver

In the event of a parent / guardian absence of the above player, I/we do hereby appoint the supervising NNYSA official to act on my behalf in authorizing unexpected medical, dental, surgical care, or hospitalization for said player, in my absence and I authorize the official to grant consent to medical doctors and emergency staff at a hospital or emergency facility to conduct the required tests and provide the necessary treatment and/or care to the above player, IF I, MY SPOUSE OR LEGAR GUARDIAN CANNOT BE REACHED. I understand that every reasonable effort will be made to contact me. I understand that the consent and authorization herein granted are valid only during the length of the season.

Signature of Parent or Guardian _____ Date _____