

VALLEY UNITED TRACK CLUB
Medical Release

Team Manager/Coach together with
Note: To be carried by any
team roster or eligibility affidavit.

ATHLETE: _____ DOB: _____
Last Name, First Name

ADDRESS: _____
Street City Zip

PARENT/GUARDIAN:

Name Day Phone Home Phone Cell Phone

Name Day Phone Home Phone Cell Phone

In Case of Emergency:

Name Phone Relationship to Athlete

MEDICAL INFORMATION

FAMILY PHYSICIAN: _____ PHONE: _____

INSURANCE PROVIDER ACCT. # PHONE #

PLEASE LIST ANY ALLERGIES/MEDICAL PROBLEMS, INCLUDING THOSE REQUIRING
MAINTENANCE MEDICATION (I.E. DIABETES, ASTHMA, SEIZURE DISORDER, ETC.)

Medical Diagnosis	Medication	Dosage	Frequent of Dosage

MEDICAL AUTHORIZATION

YOU HAVE MY PERMISSION TO GIVE _____
(Child's Name)

CHILDREN'S STRENGTH TYLENOL (CONTAINS NO ASPIRIN), TREATMENT FOR FEVER OR
PHYSICAL DISTRESS IN A DOSAGE ACCORDING TO THE DIRECTIONS ON THE BOTTLE.

X _____
Parent's Signature Date

YOU HAVE MY PERMISSION TO TREAT MINOR CUTS AND/OR ABRASIONS SUFFERED BY
_____ WITH BACTINE, NEOSPORIN AND/OR BAND-AIDS IF THE
(Child's Name)
EVENT IT BECOMES NECESSARY.

X _____
Parent's Signature Date

**AUTHORIZATION AND CONSENT FORM FOR EMERGENCY MEDICAL TREATMENT FOR
MINORS:** Pursuant to California Civil Code Section 25.8

I/We, the undersigned parent(s) or guardian(s) of the above minor child do hereby authorize the adult leaders, administrator, or other proper agents of Valley United Track Club to act as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for the above minor child which is deemed advisable and to be rendered under the general or special supervision of any physician or surgeon licensed under the Provision of Medicine-Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital or elsewhere.

This authorization will remain in effect while the above minor is en route to or from, or involved or participating in any Valley United Track Club activity unless revoked in writing by the undersigned and delivered to the aforesaid agent.

Parent's Signature Date

