

# HAYAA BASKETBALL MEDICAL RELEASE FORM

I hereby give permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, and etc. under the direction of the people listed below until such time as I may be contacted.

**My child's name is:** \_\_\_\_\_

This release is effective for the time during which my child is participating in the Hartland Area Youth Athletic Association 2010-2011 season, including any tournaments and traveling to and from such tournaments. I also assume the responsibility for payment of any such treatments.

Parents' Names: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_

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

Family Physician: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Physician's Phone: (\_\_\_\_\_) \_\_\_\_\_

My child's known allergies: \_\_\_\_\_

In the event that I cannot be reached, either of the following people is designated to authorize medical treatment:

Coach's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Ass't Coach or other: \_\_\_\_\_ Phone: \_\_\_\_\_

Ass't Coach or other: \_\_\_\_\_ Phone: \_\_\_\_\_

**Signature of Parent or Guardian** \_\_\_\_\_