



Alexandria Soccer Association Medical Release Form

I, the parent or legal guardian of, _____, hereby give permission for any coach, team manager, team official, team parent of my child's soccer team, or Alexandria Soccer Association (ASA), to obtain whatever medical attention may be necessary in case of illness or injury to my child.

Child's primary physician: _____

Primary physician address: _____

Physician's phone: _____

Insurance company: _____

Insurance policy number: _____

Emergency phone number: _____

Child's date of birth: ____/____/____ Date of last tetanus shot: ____/____/____

Pre-existing medical conditions: _____

Allergies to medications: _____

Parent / Guardian Name (print): _____

Home address (Street, City, State, ZIP): _____

Home phone: _____ Work phone: _____

Cell phone: _____

Parent/Guardian Signature: _____ Date: _____