



SPORTING CLUB GJØA MEDICAL RELEASE FORM – 2011/2012

I, \_\_\_\_\_, hereby give permission for any medical attention necessary to be administered to my child, \_\_\_\_\_, in the event of an accident, injury, sickness, etc., under the direction of the person (s) listed below, until such time as I may be contacted. I also hereby assume the responsibility for payment of any such treatment.

Street Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_

Nearest relative/friend to contact in an emergency: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance information: Company: \_\_\_\_\_ Policy number: \_\_\_\_\_

In the event that I cannot be reached, any of the following is designated to act in my behalf:

Name/Title

\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Any known allergies: \_\_\_\_\_

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*PLEASE HAVE THIS FORM NOTARIZED\*\*\*\*\*  
SUBSCRIBED AND SWORN TO BEFORE ME, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_