** This form must be filled out and turned in **

LMFA Medical Information Release Form

This form will be provided to Team Trainers, to have on hand in case of an emergency.
This form is private and confidential, and this info is only to be used by team staff members.

Players Name: _____

For administration use only:
Team:
Division:

Care Card Number: _____
(Must be supplied)

Home Phone Number: _____

Parents: **Mother:** _____ **Cell #** _____

Father: _____ **Cell #** _____

Emergency Contact in case you are not available:

Contact's Name: _____

Relationship to Player: _____

Phone Number: _____

Cell Phone Number: _____

To assist our trainers and coaches, please identify relevant past/present medical information. Also please be sure you personally notify the head coach or trainer. Include any head injury, nose bleeds, heart problems, seizures, asthma, diabetes, hearing problems, breathing issues, etc. Also include any current medications that the participant has been prescribed. In an emergency, these are questions that an emergency physician will ask if a parent is not available.

**** If additional space is needed, please print it on the back of this sheet ****
**** Please be advised, if a medical condition exists this is considered a risk to a player, you may be required to produce a signed Doctors clearance note ****

Parental Signature: _____

Date: April 6, 2010