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Medical Release Form

Coach's Copy – to be carried to all practices and games

Player's Name _____ Home Phone _____

Address _____ City / Zip _____

Parent / Guardian Name _____ Relationship _____

Address _____ City / Zip _____

Home Phone _____ Work Phone _____

Parent / Guardian Name _____ Relationship _____

Address _____ City / Zip _____

Home Phone _____ Work Phone _____

Person to notify in emergency _____

Home Phone _____ Work Phone _____

Doctor to notify in emergency _____ Phone _____

Hospital Preference _____ City _____

List any medical problems or conditions player has (include allergies and medications currently taking)

Family Insurance Information:

Insurance Company _____ Child's birth date _____

Address _____ City / State / Zip _____

Subscriber Name _____ Do you have a dental plan? _____

Subscriber Number _____ Group Number _____

Insurance Company Phone Number(s) _____

I hereby give my consent for all medical care prescribed by a duly licensed Doctor of Medicine for the above minor as his/her parent or legal guardian. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. To the best of the undersigned's knowledge, all the above information is true and accurate.

It is understood that in some medical situations, it may be necessary to contact the local emergency resource before the parent, child's physician, and/or adult acting on the parent's behalf.

Parent / Guardian Signature _____ Date _____