

**AYSO64 SummerFun MEDICAL RELEASE FORM**

THIS FORM MUST BE COMPLETED AND RETURNED TO  
The SummerFun Field Coordinators

Minor's Name:

Date of Birth:

Last First M.I. Mo. /Day/Year

Parent's Name

Home Address

City State Zip Home Phone

Employer Work Phone

Insurance Carrier Name & Address

Policy No.

Notify In Emergency (if other than parent or guardian) Relationship

Address City State Zip Phone

Family Physician Phone

Allergies Last Tetanus

Medical Problems

**AUTHORIZATION FOR TREATMENT OF MINOR**

I, the undersigned, parent or legal guardian of \_\_\_\_\_, a minor, do hereby consent to the nurse or physician selected by the authorized AYSO agent to perform routine tests and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected to hospitalize, secure proper treatments for, and to order injection, anesthesia, or surgery for my child as named above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian