



South Dakota Soccer Association
 Affiliated with US Youth Soccer and USSF

Medical Release

I hereby give my permission for any and all 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. This release is effective for a period of one year from the date given below. I also hereby assume the responsibility for payment of any such treatment.

My address is _____

Phone Numbers: Home _____ Work _____

My insurance company is: _____
 through _____

My policy number is _____

In case I can not be reached, either of the following is designated (circle yes or no):

Coach: Yes No

Assistant Coach: Yes No

Our physician is: _____

 (area code, telephone number)

Known Allergies: _____

Signed: _____
 (Parent)

Date: _____