



**Imhotep International
Soccer Association**

PrACTice like a winner
on and off the field

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MEDICAL RELEASE

I, _____ (**Parent/Guardian's Name**) hereby give permission for any and all medical attention to be administered to my child _____ (**Child's Name**) in the event of accident, injury, illness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for any financial obligations of any such treatment. This release is effective for the period of one year from the date given below.

ADDRESS:

HOME/CELL PHONE:

INSURANCE COMPANY:

POLICY NUMBER:

In case I cannot be reached, any of the following persons is designated to act on my behalf.

* COACH:

* ASST.COACH:

* TEAM/CLUB MANAGER:

* A club official.

* A league representative where my child is playing.

* Any tournament representative where my child is participating in a tournament.

PHYSICIAN:

ADDRESS:

PHONE:

KNOWN ALLERGIES/MEDICATIONS:

SIGNATURE (PARENT/GAURDIAN)

DATE _____