



STRAND TENNIS

Medical Release Form

Child's Information		
Child's Name		
Parent or Guardian's Name		
Age	Blood Type	Weight
Medication Allergies		
Food Allergies		
My child carries an <input type="checkbox"/> EpiPen, <input type="checkbox"/> Twinject for treatment of allergic reactions due to food allergies, <input type="checkbox"/> Inhaler		
Other Allergies		
Medical Conditions / History		
Current Medications		
Date of last Tetanus Shot		

Parent's or Guardian's Contact Information		
EMAIL:		Parent's Address
Father's Mobile #		
Mother's Mobile #		
Alternative Phone #		
Alternative Contact Name:		Phone#
Alternative Contact Name:		Phone#

Family's Doctor Information	
Name	
Phone #	
Address:	

Insurance Information	
Provider	
Insured Name	
Group ID#	
Policy ID#	

Is there anything else that we should know about your child:

I, _____ give permission for child listed above to receive medical treatment in the event of an emergency, accident, injury or sickness. I give authorization for treatment to all medical personnel, including licensed physicians, nurses, technicians, emergency responders, and other medical personnel. I also assume responsibility for the cost of treatment.

Parent's or Guardian's Name	Parent's or Guardian's Signature	Date