

**Newport News F.C. Medical Release Form**

I hereby give 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. I also hereby assume responsibility for payment of any such treatment.

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_ I certify that I have medical coverage  
Insurance Company: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Date: \_\_\_\_\_

In case I cannot be reached, any of the following are my designated representatives:  
Coach: \_\_\_\_\_ Phone: \_\_\_\_\_  
Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Team Personnel  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_

Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

My child's known allergies:  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_

STATE OF VIRGINIA  
Acknowledged before me this day of \_\_\_\_\_, 20\_\_\_\_  
\_\_\_\_\_  
Notary Public

My commission Expires: \_\_\_\_\_