



**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:

Coach: \_\_\_\_\_  
(name, area code, telephone number(s))

Assistant Coach: \_\_\_\_\_  
(name, area code, telephone number(s))

Our physician is: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
(area code, telephone number)

Known Allergies: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Parent)

Date: \_\_\_\_\_