

MAQ

MEDICAL RELEASE FORM

This **must be** completed - legibly - and signed in all areas by both the player and his/her parent or guardian. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. ***By signing this form the participant affirms having read and agreed to the terms and conditions listed below.***

Athlete's Info:

First Name: _____ Last Name: _____ Birth Date: _____ Age: _____
Male: _____ Female: _____

Primary Contact: Parent or Guardian

Name: _____
Address: _____
City, State & Zip: _____
Primary Phone: _____

Secondary Contact: Parent/Guardian: _____ Other: _____

Name: _____
Primary Phone: _____

Insurance

Primary Insurance Co: _____
Primary Group/Policy # _____ / _____
Family Physician Name: _____
Physician Phone: _____

Please elaborate on any medical conditions we should be aware of: _____
_____.

Please list any medications being taken: _____
_____.

In the past 24 months have you been evaluated for a concussion? Yes: _____ No: _____
If yes, please provide the date/month, who performed the evaluation and what was the
outcome: _____.

Please list any allergies that the athlete has: _____.

Participant Signature (if over 18 years of age): _____
Parent/Guardian Signature: _____
Relationship to Participant: _____