

**IDAHO YOUTH SOCCER ASSOCIATION  
MEDICAL RELEASE FORM**

Coach's copy - to be carried by coach to all games and practices.

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|   |                    |
|---|--------------------|
| Player's Name _____                         | Home Phone _____   |
| Address _____                               | City/Zip _____     |
| Parent/Guardian Name _____                  | Relationship _____ |
| Parent/Guardian Address _____               | City/Zip _____     |
| Parent/Guardian Home Phone _____            | Work Phone _____   |
| Parent/Guardian Home Phone _____            | Work Phone _____   |
| Person To Notify In Case of Emergency _____ |                    |
| Home Phone _____                            | Work Phone _____   |
| Doctor To Notify In Emergency _____         | Phone _____        |
| Hospital Preference, if any _____           | City _____         |

List Any Medical Problems Or Conditions Player Has (include allergies and medications currently taking)

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Family Insurance Information:

|                          |                                    |
|--------------------------|------------------------------------|
| Insurance Company _____  | Child's Birth Date _____           |
| Address _____            | City/State/Zip _____               |
| Subscriber Name _____    | Do You Have A Dental Program _____ |
| Subscriber Number _____  | Group Number _____                 |
| Subscriber Address _____ | City/Zip _____                     |

I hereby give my consent for all medical care prescribed by a duly licensed Doctor of Medicine for the above minor as his/her parent or legal guardian. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. To the best of the undersigned's knowledge, all of the above information is true and accurate.

|              |            |
|--------------|------------|
| Signed _____ | Date _____ |
|--------------|------------|