



**IDAHO YOUTH SOCCER ASSOCIATION  
MEDICAL RELEASE FORM**

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

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)  
\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_