



WBS Medical Release Form

NOTE: To be carried by Tournament Team Manager together with team roster

Parent / Guardian Authorization:

We/I _____, _____ of _____ Date of Birth: _____,
(Parents/Guardians) (Relationship) (Childs Name)

In case of emergency, hereby authorize our (my) child to be treated by Certified Emergency Personnel. (I.e. EMT, First Responder, E.R. Physician). We/I hereby give our voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary.

We/I hereby acknowledge that no guarantees have been made to me/us as to the effect of such examinations or treatment on our (my) child's condition.

We/I hereby give our (my) consent to Brooke Fish, Steve Fish, Jim Fritz, Chris Miller, who will be caring for our (my) child
_____ (Name of Player)

For the period **10th June, 2024 to 15th July, 2024 (Colts), and/or 30th July - 17th August 2024 (Cross Country)**, to arrange for routine or emergency medical/dental care, and treatment necessary to preserve the health of our (my) child.

We/I acknowledge that we are (I am) responsible for all reasonable charges in connection with care and treatment rendered during this period.

Name of health insurance carrier: _____

Our (my) Child currently has the following allergies/medical problems, including those requiring maintenance medications (i.e. Diabetic, Asthma, and Seizure Disorder)

Our (my) Child will be travelling with the following medications listed below. Please refer to the attached letter from our (my) child's Doctor for all prescription medications he or she will be travelling with.

In case of emergency contact:

Name Phone Relationship to Player

Name Phone Relationship to Player

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

I have read this form and certify that I understand its contents.

Mr. /Mrs. /Ms. _____

Authorized Parent/Guardian Signature