

# ***TCSA GIRLS SOFTBALL MEDICAL RELEASE FORM***

I hereby appoint \_\_\_\_\_ (or authorized team agent) of lawful age, as my agent and representative for the purpose of authorizing and consenting to medical care and treatment or hospital care of my daughter, \_\_\_\_\_, for any illness or injury that may occur while such person is in the care or custody of the agent while I am away, on vacation, or otherwise not immediately available to give such consent.

My daughter has the following medical conditions or allergies, which should be noted in case of sickness, accident, or injury (e.g., asthmatic, diabetic, allergies to specific drugs, hyper reaction to bee stings, bleeds easily, etc.) Please indicate NONE if there are no known problems or conditions.

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\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
Name of Personal Physician

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Physician's Telephone Number

\_\_\_\_\_  
Emergency Telephone Number #1

\_\_\_\_\_  
Emergency Telephone Number #2